### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

711 CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND MARYLAND ALLEGANY ALLEGANY b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) e negrest town) 14 DAYS CUMBERLAND (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 309 CECELIA ST. YES NO X & WARWICK AVES. NAME OF First Middle Manth Year DECEASED MARCH 60 CLARA Ettie AGER DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH Months FEB. 15, 1881 Days WHITE WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OLDTOWN, MD. Housewife Own home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tolbert STALLINGS Mary E. TE STALLINGS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO MEMORIAL HOSPITAL CUMBERLAND, MD. No. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part 11 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) While Nat while of work of work 0 m Mar 14 . 19 60that (1) (we) lost 1000 21. I certify that (1) (this hospital) attended the deceased from. saw the deceosed olive on Mari & 66 and that death occurred 2:50 MPM am the causes and an the date stated obave. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. DURRETT 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) Burial Oldtown, Maryland 16/60 Mount Olive Cem. Nr. ADDRESS 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Cumberland, Md.

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Wayne George

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VR A1S (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2712 CERTIFICATE OF DEATH 2712

1.	PLACE OF DEATH  o. COUNTY  ALLEGANY	MARYLA		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE BEDFORD CO.									
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest tawn)  CUMBER LAND	write	E. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HYNDMAN								
	MEMORIAL & WARWICK AV	street ad	ddress)		d. STREET ADDRESS	S			ON A	SIDENCE A FARM?			
3.	NAME OF First CORA		Middle BELL	A	PPLING	4, DATE OF DEATH	MARCH	21	Day	Year 19 60			
S.	CCMALC MULTE	MARRIE	DIVORCED	_	SEPT 4		9. AGE (In years birthdoy) yrs.	Months Da	-	1			
10	a. USUAL OCCUPATION (Give kind of work don during mast of warking life, even if retired) Housewife	e 10b. KI	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SI		ountry)		S.A.	COUNTRY?			
13.	FATHER'S NAME JOSEPH DIVELBLISS			1	4. MOTHER'S MAIDE		Belle 1	Deneen					
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES 18, no, or unknown)  (If yes, give wor or dates of service)		OCIAL SECURITY NO.	17. INFO	MORIAL HOS	SPITAL	CUMBE	RLAND, M	D				
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost.  DUE TO  (c)	OR ER	renic The	mia	te early	us with slicaliz	they to	mind	áfpre,	x 5 d.y			
CATION	PART II. OTHER SIGNIFICANT CONDIT	IONS CC	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	VEN IN PART I(	PERFO	ORMED?			
CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o. m. p. m.	20d. INJ While at wark	_ Not while _		OF INJURY (Hame, to, street, office bldg.,		or town)	(Coul	nty)	(Stote			
		uttende Uk 2/			th accurred at 1	19.462ta_ 0:25 fPM	,	24. 1960, and an the d	ate stated	d above.			
	22a. SIGNATURE	M.D	M.D. ATTENDING MED. STAFF SIGNE										
	22c. PHYSICIAN'S NAME (Type) DR. JOHN TOP	PER			22d. ADDRESS HYNDM	AN, PEN	NA •						
23	o. BURIAL, CREMATION, REMOVAL (Specify) Burial  March	4,1	23c. NAME OF CEMET 960 Hyndn		REMATORY Cemetery		rion (city, town, yndman,	_	(Sto	ote)			
24	AUNCE LA LA CILLE	H	ADDRESS yndman, Pa			REC'D BY REGIST		ISTRAR'S SIGNA					

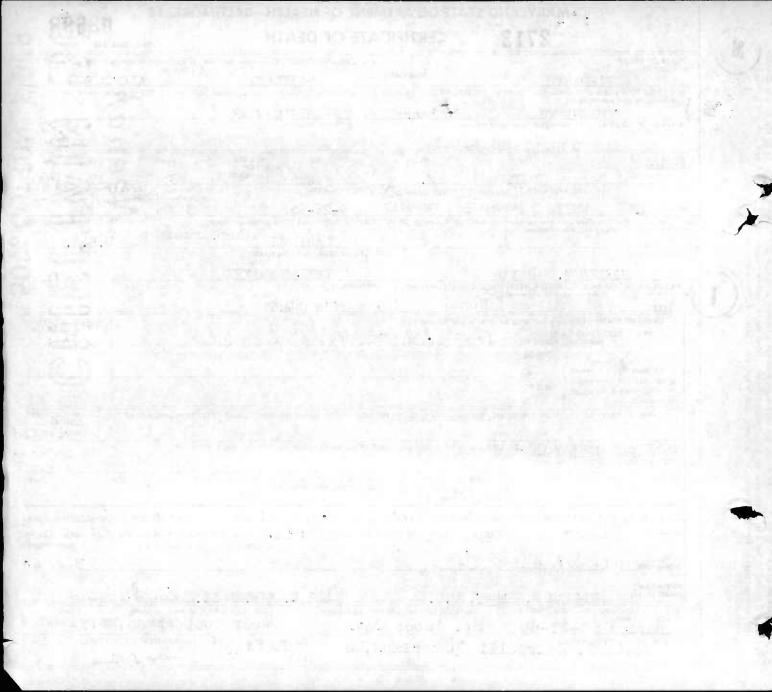
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		27	13	CERTI	FICA	TE OF DE	ATH	1		Reg.	Dist. No			
1.	PLACE OF DEATH a. COUNTY	LEGANY		MARY	LAND	2. USUAL RESIDEN a. STATE			lived. If insti b. COUN	ITY			ion)	
	b. CITY OR TOWN (III	f outside corporate lin	nits, write	c. LENGTH OF STAY	IN 1b	C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
		MBERLAND	4355	16 hour	5	X SPRING GAP								
1	d. NAME OF HOSPIT OR INSTITUTION		d. STREET ADD						e. IS RESIDENCE ON A FARM? YES YOU NO					
3.	NAME OF DECEASED (Type or print)	Y	lost BAR	B	4. DATE OF DEATH	3	Nanth	1	,	Year 1960				
5.	SEX	6. COLOR OR RACE	1	ED NEVER MARRIE		B. DATE OF BIRTH			9. AGE (In year last birthda	() Month	ER 1 YEAR	Hours	R 24 HRS. Min.	
10	MALE	WHITE	WIDOWE			9-25-5				rs.				
10	during mast of work  None	ing life, even if retire	d) 106. 1	CIND OF BUSINESS O	K INDUS	MARY	LAND		berla			S.A.	OUNTRY?	
13.	FATHER'S NAME	Control of the second				14. MOTHER'S MA	AIDEN N	IAME	10.10				- A	
	MAR	LIN H. B	arb			TOUT	SE V	JALKER						
1)6	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	. IN	FORMANT		12 2231 2232 6	-	ddress	11-11-1			
1	NO.	If yes, give wor or dates of		Ione		PT'S C	HART	1						
	18. CAUSE OF DEA	TH [Enter only one of the thick		e for (a), (b), and (c).	1							ERVAL BE		
	FARIT. DEA	IMMEDIATE CAUSE	(0)	Raile frek.	unch	ing Truck	col	rauch	tie			174	15	
	500	DUE TO	0	0		/								
	Conditions, if or		(b)										1	
	cause (o), stating		0											
_	lying cause lost.	)	(c)											
CATION	PART II. OTH	IER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEASE	CONDITION	GIVEN IN F	PART 1(o)	PERFC	RMED?	
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	41	RIBE HOW INJURY O	CCURRED	. (Enter noture of in	njury in F	Part I or Part	II of item 1B.)					
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Y 19	ear 20d. IN While of work	JURY OCCURRED Not while at wark	20e. PLA foci	CE OF INJURY (Hor lory, street, office bl	me, form ldg., etc.	, 20f. (City	or town)		(County		(Stote)	
	21. I certify th	at I attended th	e decease	ed from 3-1	7	, 1960,	ta	3-19	196	Shat I	last sa	w the d	eceased	
	alive an	3-19		Q, and that										
				Α	,				reet, city or to				E SIGNED	
	ACTUAL SIGNATURE	Willeen	- P.	Same	^	A.D						3-8	1-60	
	PHYSICIAN'S NAME (Type)	WILLIAM P	TAME	S. M.D.		1,1,1	N. (	ENTER	ST. (	Eumb		ud.		
	BURIAL, CREMATIO REMOVAL (Specify) Burial	3-21-6	_	22c. NAME OF CEME Mt. Tabo	-	CREMATORY			Cumbe			ry la		
23.	FUNERAL DIRECTOR James	S SIGNATURE SCAT	pell	L Cumberl	and	,Md 24	ATÉ	P 2 3EGIST		GISTRAR'S				



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2714 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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N 1 1 1	Key, Dit	ii. Mu.								
I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residen	nce before admission)								
Allegany MARYLAND	o. STATE Pennsylvania Bed	ford								
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)								
Cumberland 3 hours	Hyndman	75X-3								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?								
Memorial Hospital Memorial&Warwic	k Aves.	YES TO NO								
3. NAME OF First Middle	Last 4. DATE Month	Day Year								
(Type or print) Charles E. Barnes	DEATHMarch 29.196	0 19								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.										
	March 3.1917 43 ym.	days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?								
Celanese Employee Celanese		SA								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Charles Barnes	Virgie Schilling									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address									
Yes   WW11 Army 208-09-1879 M	rs. Mary Barnes, Hyndman, P.	a								
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6) COPONARY OCC]	lusion with Myocardial	Order Arto Obriti								
	old; Coronary thrombosis									
Conditions, if ony, which) right, recent										
gave rise to Immediate cause (a), stating the underlying DUE TO										
couse lost. (c) Sclerosis and	thrombosis	\$100 talk and 140 talk 170 and 170								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (En	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES A NO								
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (En	tter noture of injury in Port I or Port II of item 18.)									
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.										
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 20f. (City or town) (Coun	ity) (Stote)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACI foctor 20 work 19 of work 10 o	ry, street, office bldg., etc.)									
21. I certify that I taak charge af the remains described abov	re, held an Autopsy Inspection . Inquiry	The and find that								
death resulted from: Natural causes X, Accident . Suice		Di ana ima mai								
	, ridinicide [], Ondererinined coose [].									
ACTUAL Squad of Skitzelial	CHIEF MEDICAL EXAMINER	DATE SIGNED								
ASSISTANT MEDICAL EXAMINER										
EXAMINER'S	DEGLITY MEDICAL EVALUATION CO-	1050 7000								
NAME (Type) Benedict Skitarelic, M.D.  220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR C	- Walten 29.	\$659 1960 (Stole)								
Burial Apr. 2.1960 Lybarger Cer										
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN									
Harden I Touch Hyndman, Pa.	APR 1 '60 Cinthun S.	11								

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MEDICAL EXAMINERS CURTIFICATE OF DEATH	
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02700 Reg. Dist. No.

	I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
	a. COUNT	Allegany		MARYLAND	o. STATE Maryland b. COUNTY Allegany									
	b. CITY OR TOWN (If and give negres) town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If autside co	rporate limits, write	RURAL and	give nearest	tawn)				
1	Cumber	rland		D.G.A.	X Mt. Savage,									
	d. NAME OF HOSPITA	L OR INSTITUTION (	f not in hasp	pital, give street address)	d. STREET ADDRESS e. 15									
9	Sacre	d Heart H	ospi	tal	/			NO D						
	3. NAME OF DECEASED	Fin	it	Middle	Last	4. DATE	Manti		Doy	Year				
1	(Type or print)	Agn	es	C.	Barr	ett DEATH	March		5th,	19 60				
1	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 2 8.			9. AGE (In years	IF UNDER 1		NDER 24 HRS.				
	Female	White	WIDOWED			h,1905	54/55 yrs.	Months D	ays Hou	rs Min.				
	10a. USUAL OCCUPATIO	N (Give kind of wark of life, even if retired)	dane 10b. KI	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF WH	AT COUNTRY				
-			k Cor	nfett.Store	Mary	land		1	USA					
	13. FATHER'S NAME				14. MOTHER'S MA	DEN NAME		,						
	James I	Barrett			Mary 1	V. Luck	V							
ľ	15. WAS DECEASED EVE	R IN U. S. ARMED FOI		OCIAL SECURITY NO. 17. IN	FORMANT		Address		Page 1					
		ar yes, give wer or cover or	12	12-10-9123 M	rs. Art	hur Wal	sh. Mt.	Sava	ge. N	1d.				
-	18. CAUSE OF DEAT	H [Enter only one cau	se per line fo	or (a), (b), and (c).]					INTERVAL BE	TWEEN				
1	PART I. DEATH	WAS CAUSED BY:		Coronary Occ	lugion				ONSET AND	Hrs				
	420	DUE TO	3544							HA				
1	Canditions, if on			Coronary Sc	lerosis				-					
	gave rise to immedi (a), stoting the u	ate cause												
	cause last.	(c)												
3	Z PART II. OTHE	R SIGNIFICANT CON	ITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINALDISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W/	S AUTOPSY				
	PART II. OTHE								YES [	RFORMED?				
	20a. EXTERNAL CAUS		DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury	in Part I or Part II	of item 18.)							
		INBUTING L												
	20c. TIME OF INJURY	Month, Day, Yea	1000		E OF INJURY (Hom		y or town)	(Caun	ty)	(State)				
	Hour o.m.	19	White of work	k at work	ry, street, office bld	g., etc.)								
	21. I certify the	at I taak charge	of the re	emains described above	re, held an Au	topsy . I	nspection $\mathbf{y}$ ,	Inquiry	Ten on	d find that				
1				, Accident [], Suid			ndetermined c	-	Tagy and					
			0	,										
1	ACTUAL SIGNATURE_	quediet.	Ske	tareles	A CHIEF MEDI	CAL EXAMINER			DAT	E SIGNED				
	SIGNATURE_A	2700000	27,00		_M.U. ASSISTANT /	MEDICAL EXAMINI	ER 🗆							
	EXAMINER'S NAME (Type) Ran	edict Skit	oneli	o M D		DICAL EXAMINER		£ 70	60					
	220. BURIAL CREMATION			22c. NAME OF CEMETERY OR			TION (City, town, o		60	itote)				
	Burial	3-5-60		St.Patrick'			-			id.				
	23. FUNERAL DIRECTOR'S			ADDRESS		REC'D BY REGIS		STRAR'S SIGN						
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2715 MEDICAL EXAMINER'S CECTIFICATE OF DEATH The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2716 CERTIFICATE OF DEATH

1.	o. COUNTY	EGANY		2. USUAL RESIDENCE (Where deceased lived. If institution: Reso. STATE MARYLAND b. COUNTY A						dence befare admission)		
	b. CITY OR TOWN (IF of RURAL and give near CUMBER LA	utside corporate limit est town) ND		OGTH OF STAY IN 1	b c. CI	Y OR TOWN (IF &	nutside corporate li	imits, write RU	RAL and give	nearest tawn)		
	OR INSTITUTION	(If not in hospital, gi	ve street oddress	s)	/ d. S1	REET ADDRESS 320 F	RONT STR	EET		e. IS RESIDEN ON A FAR YES NO	M?	
3.	NAME OF DECEASED (Type or print)	Firs BAE		Middle BOY	BATESON	Last	4. DATE OF DEATH	Month	ARCH	Day Yeor	60	
S.	SEX 6	WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED			lo	st birthday)	Months Day	AR IF UNDER 24	HRS lin.	
	during most of working	(Give kind of work d	one 10b, KIND		DUSTRY 11. E	UMBERLAN	or foreign country  D, MARYL	and it		OF WHAT COUN	TRY	
13	DON C.	BATESON			14. MO	PHYLLI	S D. FOX					
15	. WAS DECEASED EVER II (es, no, or unknown) (If )	N U. S. ARMED FORC res, give war or dates of se		L SECURITY NO. 17	MEMOR I	WARW	ICK & ME	MORIATES MBERLAN	"A VENUE VD, MAR	YLAND		
	1B. CAUSE OF DEATH PART I. DEATH	(Enter only one cou WAS CAUSED BY: MEDIATE CAUSE (a)	G	ENDOCARDI		ROELASTOS	115		C	NTERVAL BETWE	IN TH	
CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating the lying couse lost.  PART II. OTHER	which (b).	ditions <u>contri</u>	CONGENITA		TED TO THE TERMI	NAL DISEASE COM	NDITION GIVE	N IN PART 1(a	1) 19. WAS AUTO PERFORMED YES A NO	)3	
MEDICAL CERTIF	20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH DICAL EXAMINER)	r 20d. INJURY	lat while	PLACE OF IN	JURY (Home, farm t, office bldg., etc.	, 20f. (City or to	70.5	(Coun	ity) (S	itote	
2	21. I certify that ( saw the deceasec 220. SIGNATURE)  22c. PHYSICIAN'S NAME (Type)	(1) (this hospital) I alive an		e deceased from	7 M.D. ATTI	ending	M, fram the			22b. DA	ve.	
23	a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREO		NAME OF CEMETERY	OR CREMAT	ORY	23d. LOCATION Wester		caunty)	(Stote) Md.		
24	FUNERAL DIRECTOR'S S	IGNATURE		sternport,	Md.	250. REC'I	9 160		RAR'S SIGNA			
	20602	41XU7										

716 CERTIFICATE OF DEA

Lifeval Control Marting Contro

GAUYANI, BANGSTAN - CASCANA, AMBASA

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- DR. E. B. WHITWORKS

OR INSTITUTION

Haur a. m.

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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YES INO

(State)

(Caunty)

arthur & Heart

Rea. Dist. No.

CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Maryland Allegany b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL (If nat in haspital, give street address)

Allegany c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 71 Greene Street YES NO F 4. DATE Year OF DEATH

NAME OF Middle DECEASED Edith (Type or print) Margaret March Beachy 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Manths 6/11/1880 Female White DIVORCED K WIDOWED E YES. 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Retired - Dressmaker Ladies dress Maryland, Cumberland,

13. FATHER'S NAME

Allegany County Infirmary

Francis P. . Naughton

Sarah Louise Mickel

INFORMANTP . O . BOX 599. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. AddressCumberland, Md. Allegany County Infirmary Records 19-14-6801 No INTERVAL BETWEEN

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.)

20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year

Nat while

/60 21. I certify that I attended the deceased fram 4. \_\_\_\_, 19\_\_, that I last saw the deceased alive an 3/ and that death occurred at 1:15 AM, from the causes and an the date stated above.

factory, street, affice bldg., etc.)

DATE MAR

ADDRESS (Street, city ar town, state) DATE SIGNED ACTUAL SIGNATURE 19 Greene St.

Dr. James E. McLean Cumberland, Md. NAME (Type)

at wark at wark

While

22a. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State) 3/4/60 St. Patrick's Cem. Cumberland. Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR H. Wayne George Cumberland, Maryland

VS A15 (4) 15M 9/5B

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09/2/6 65/31/11 3/2/60

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. Dr. . Tares L. Melean Cumbersund, Ma.

Tell of the control o

VS A15 (4) 15M 9/5B 060

2718 CERTIFICATE OF DEATH

M

	MITO					K	eg, Dist, No	э.	
1. PLACE OF DEATH o. COUNTY			2. USUAL RE	SIDENCE (When	e deceased live	d. If institution:	Residence bef	ore admissio	n)
Allegany		MARYLANI	0. 31711	Maryl	and	b. COUNTY	Allega	any	
b. CITY OR TOWN (If outside carporote RURAL ond give nearest town) Cumberland		LENGTH OF STAY IN 1	V .	R TOWN (If out		imits, write RUR	AL and give ne	earest town)	
d. NAME OF HOSPITAL (If not in haspital OR INSTITUTION	il, give street add			ADDRESS	5			e. IS RESID	ARM
Sacred Hea			DOX 2						_
NAME OF DECEASED (Type or print) Wa	lter	Middle J. Be	eckman	Last	OF DEATH	Month		-/	960
SEX 6. COLOR OR RAG	CE 7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH	9. A	GE (In years IF	UNDER 1 YEA	1	-
Male White	WIDOWED	DIVORCED	Feb.	15,1189		byrs.	Aonths Days	Hours	Mir
Oa. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Retired Bartender	red)	ND OF BUSINESS OR IN	DUSTRY 11. BIRTH	Marylar		nberlan	U.S		TMU
B. FATHER'S NAME			14. MOTHE	R'S MAIDEN NA			0.0	• 63.1	
Eckhart B	eckman			XXX K	atheri	ne Meis	ter		
S. WAS DECEASED EVER IN U. S. ARMED I	ORCES? 16. SO	CIAL SECURITY NO.	INFORMANT	CALAC		Address			
Yes, no, or unknown) (If yes, give wor or dates		-07-1191	pte	. Chart					
gave rise to immediate couse (a), stating the under- lying couse last.  PART II. OTHER SIGNIFICANT C	(c)	NTRIBUTING TO DEATH I	BUT NOT RELATED	TO THE TERMIN	AL DISEASE CO	NDITION GIVEN	IN PART 1(a)	PERFOR	WED
PART II. OTHER SIGNIFICANT C	THI (	BE HOW INJURY OCCUI	RRED. (Enter noture	e of injury in Pa	rt I or Port 11 o	Fitem 1B.)		YES	NO
20c. TIME OF INJURY Month, Day, Haur a. m. p. m.	Year 20d, INJU While of work	_ Not while	PLACE OF INJUR foctory, street, of	Y (Home, form, fice bldg., etc.)	20f. (City or to	own)	(County	')	(St
21. I certify that Lattended t	he deceased	fram	, 19	l la	3-8-	- 19 6 th	at I last sa	w the de	cea
actual signature PHYSICIAN'S NAME (Type) I T I I I I I I I I I I I I I I I I I	Luex	A .	m.of 64	Terral 16 Green	one St.	causes and property town, file to	an the dat	te stated	
REMOVAL (Shecify)			OR CREMANORY		~	(City, town, or	5.00	(State)	)
Burial 3/11/6	60	Frinity Lut	heran C	100		erland,			
FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REG A	PYREGISTRER	24b. REGISTE	AR'S SEGNATI	URE	
John J Hafor Cur	nherland	d. Maryland	3	DATE		1 1 1 1 1 1			

Janguise Rider les Tacellands The Eller ! Characte Major andeter it, chieraic of 164 wies of Premiselland metalised the transfer of the post of the contrast of the con-

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2719 CERTIFICATE OF DEATH

M	)	PLACE OF DEATH o. COUNTY AL	LEGANY		MARY	rLAND 2	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND ALLEGANY							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  5 DAYS					IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  LONA CON I NG							
060	d. NAME OF HOSPITAL (If not in hospital, give street address) ON EMORIAL & WARWICK AVES				1	d. STREET ADDRESS  ISLAND STREET  o. IS RESID ON A YES								
	3.	NAME OF DECEASED (Type or print)	Fir JES	SE	Middle		BEEMAN	4. DATE OF DEATH	MARC		Year 19 60			
	L	MA LE	WHITE	WIDOWE	Lang.	D 🗆 🔅		1880	9. AGE (In years lost birthday) 79 yrs.	Manths Days	R IF UNDER 24 HRS. Hours Min.			
	L		on (Give kind of work or ing life, even if retired red Labor		KIND OF BUSINESS O		GARRET  4. MOTHER'S MAIN	1 60., 1	ountry)	U.S.	A •			
1	1.0.	DAVID	BEEMAN					BETH CRO	WF					
T		WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17. INFO		DETTI ON	Addr	ress				
1		NO RESKM	H yes, give wor or dotes of si	* N	lone	MEM	ORIAL HOS	PITAL C	UMBERLAN	D, MD.				
	Z	Conditions, if a gave rise to it couse (o), stoting lying cause last.	n mediate	a	rtenosal	lerot	a Caro			Xmen	ST MAS AUTORSA			
0	CERTIFICATION	20g. ACCIDENT WA			CRIBE HOW INJURY O			1			PERFORMED? YES NO			
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.		20d. IN While of work	NJURY OCCURRED  Not while  t of work	20e. PLACE foctory	OF INJURY (Home, , street, office bldg.	form, 20f. (City	or town)	(County	(Stote)			
		21. I certify that saw the deceas 22a. SIGNATURE	t (I) (this haspital		led the deceased 1960, and		h accurred a		16 km	d an the dat	hat (I) (we) last e stated abave.			
,			James G.	St	tegmarin	M.D		MED. DIRECTOR	STAFF PHYS.	18	mar 60			
1		22c. PHYSICIAN'S NAME (Type)	DR. JAMES	STEGN	MAIER		22d. ADDRESS	122 -	to cen	de so	erd,			
	23c	REMOVAL (Specify)	3/19/1	960	Oak Hil			23d. LOCA	TION (City, town, claconing	or county)	(Stote)			
9		FUNERAL DIRECTOR	S SIGNATURE ICHHORN		LONACONI	NG, M	D . 25a.	REC'D BY REGIS	PRAR 25b. REGIS	STRAR'S SIGNATU				

- 2015 THE REPORT OF THE PROPERTY OF THE · Chi. · Size in the little AMEST CIVIO . OS . Challes No. 171 Car J. Man V. So. Burral Laires | 19/19/1909 | Ust | Mill Demotery | Longonius | Live TO A SECOND STATE OF THE PROPERTY OF THE PROPE

**CERTIFICATE OF DEATH** 

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runeral directar,	be filed with	M
20	ping	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO WINERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted filled in by the funeral director, as 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filed with for use as the burial-transit permit. Then please remaye carban part to burial, crematian, ar remayal, and in any event, within 72 hours

State Board of Health VR A1S (4) 1SM 9/S9

1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W O. STATE MARYLAND	There deceased lived.		Residence before			
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) CUMBER LAND	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RUR	AL ond give near	rest town)		
d. NAME OF HOSPITAL (If not in haspital, give s	treet address)	/ d. STREET ADDRESS #1	4, OLDTOWN	ROAD		ON A FARM? YES NO TO		
3. NAME OF First DECEASED (Type or print) EDN/	Middle A BRENT E	BOXELL	4. DATE OF DEATH	Month MARC	H 17	Yeor 19 60		
CCAAAR LILITE	MARRIED NEVER MARRIED DOWED DIVORCED	JULY 28, 189	6 9. AGI	birthdoy) N	UNDER 1 YEAR	Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	Own Home	MAGNOL	IA, W.VA.		U.S.	WHAT COUNTRY?		
JOHN ROCKWELL		14. MOTHER'S MAIDEN MARGARET						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service)		MORIAL HOSPI	WICK & MENTAL - CUME	OR MATES BERLAND	A VENUE , MARYL	AND		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate  DUE TO  DUE TO  DUE TO	hronic for (o), (b), and (c).]	Morara	with he	els.		RVAL BETWEEN ET AND DEATH		
cause (o), stoting the under- lying couse last.  C  PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN	IN PART I(a) 19	WAS AUTOPSY		
ICATIO		West Transfer				PERFORMED? YES NO Z		
	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of i	tem 18.)				
Hour o. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 Of work							
saw the deceased alive of 1226. SIGNATURE	226. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF 226. DIVISICIANIS							
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3-20-1960	23c. NAME OF CEMETERY C		23d. LOCATION (	2 3	county)	(Stote)		
24. FUNERAL DIRECTOR'S SIGNATURE  James F. Scarpelli	ADDRESS	25a. REC	COMBOE C'D BY REGISTRAR R 2 2 '60	25b. REGISTR	AR'S SIGNATUR	E		

aunsn ..... S YHADELIA SETE A, SUFOR PAR 3.2.14, 41.26 RELIGN THE 4 and the transfer of the case

VS A15 (4) 15M 10/57 060

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2721 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF o. COUNT		MARYLAND	2. USUAL RESIDENCE (WO o. STATE Mary	here deceased	lived. If instituti b. COUNTY		before odmi	ssion)
RURAL	R TOWN (If outside corporate limits, write and give negrest town)  MDETIand,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF O Cumber la		ote limits, write R	URAL and giv	re nearest tow	n)
OR INST	OF HOSPITAL (If not in hospital, give street ITUTION acred Heart Hosp		d. STREET ADDRESS	addock	Rd.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or pr		Middle EILEEN	BROCK	4. DATE OF DEATH	Mar Mar		Doy 8	Year 19 60
5. SEX Fema	ANDOM	ED DIVORCED		902	O. AGE (In years lost birthdoy)  5 ( yrs.	Months D	YEAR IF UND	DER 24 HRS. Min.
	OCCUPATION (Give kind of work done 10b. ost of working life, even if retired) WORKER WE	kind of Business or Indu				a 12. CITIZ	S. A	
13. FATHER'S Om	name ar Brock		Mary A.		t			
15. WAS DECI	own) . Its use alon was an date of control	SOCIAL SECURITY NO. 17. 15-36-8872 M1	rs. Allister	Some				Canada ord,
Conditi gove r couse (o lying co	DUE TO  tons, if ony, which ise to immediate ), stating the under- puse last. (c)	rebral Hemorrh						days
OR CONT	KIBUTING LI CAUSE OF DEATH I	CONTRIBUTING TO DEATH BU				'EN IN PART 1	PERF	AUTOPSY DRMED?
₹ 20c. TIME	r o. m. While	NJURY OCCURRED 20e. Pl Not while fo	LACE OF INJURY (Home, farm octory, street, office bldg., etc	n, 20f. (City o	or town)	(Cou	unty)	(Stote)
21. I ce alive an ACTUAL SIGNATUI	RE B. M. Sch	20, and that death	M.D. 43 Gree	OM, fram ADDRESS (Sire ene St	the causes a set, city or town,	ind an the	date stat	deceased ed abave. ATE SIGNED 9/60
220. BURIAL, C	CREMATION, 22b. DATE THEREOF	indler 22c. NAME OF CEMETERY C	Cumber]		M Q .  ON (City, town, c	or county)	(Sto	fe)
	al 3/13/60 DIRECTOR'S SIGNATURE ayne George Cumb	ADDRESS	land		Sutton AR 24b. REGIS		bec,	Canad

EL CENTRICATE OF DEATH , better the second and the latest the latest time for an expension with the content of the content o the parties after all the parties and which do sall a supply out to evaluate the filling open and affiliation 1125 91191 in and good of the control of the co , as the conjugate of the result of the conjugate of the PLIES NEEDS CHRISTON DE LESSON DE LESSON



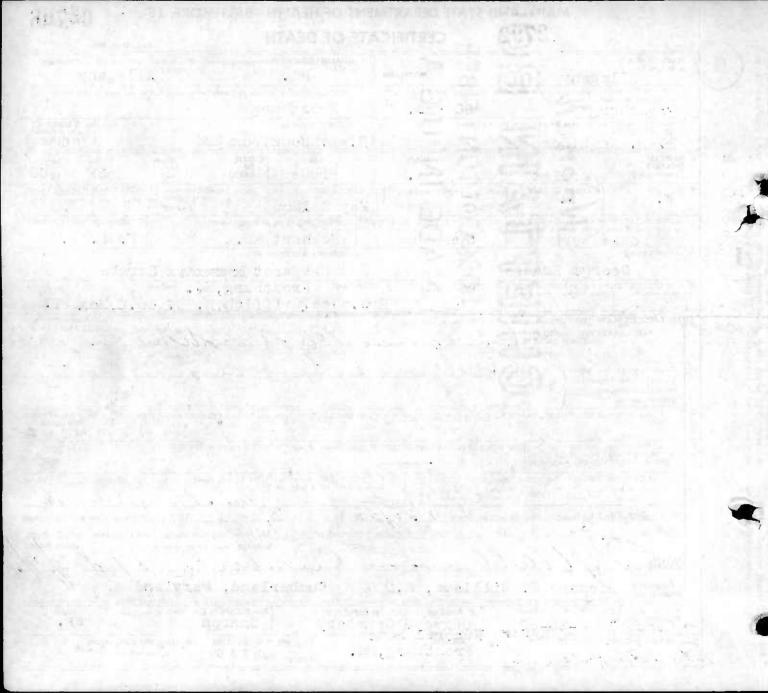
VS A1S (4) 1SM 9/SB M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
OMOO					

2792 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH	gany	A	MARYLAND	11 0	STATE Md		ed lived. If instituti b. COUNTY				1)
1	b. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c.	2.2.00		orote limits, write R		0 0		
	Frostbul			60 vrs.	X	Frostb	urg					
-	d. NAME OF HOSPITA		give street	4	/ d.	STREET ADDRESS			-		IS RESIDE	
	R. D. NO	2.Box 3	84		R.	D. No	2,Box	384			ON A FA	
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Mor	oth	Day	Yeo	or .
	(Type or print)	Harriet		M.		Brode	OF DEATH	3		22	19	60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER	_		
	P •	VV •	WIDOW	ED DIVORCED	Ma	y 9 <b>1</b> 88	36	73 yrs.	Months	Days	lours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY 11	. BIRTHPLACE (St	ote or foreign	country)	12. CITI	ZEN OF W	HAT COL	JNTRY?
		work	'	Own Home		Eckhar	t, Md.		U.	S.	A.	
13	. FATHER'S NAME				14. /	NOTHER'S MAIDE	N NAME					2
	Geo	rge Krau	se			Marga	ret be	KEKENIKIKAK X	Stru	be		
1S		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORM	ANT Fro	stbur	g, Md. Add	ress	35/76		
L		, , , , , , , , , , , , , , , , , , , ,		1	Irs.	Geo.Gr	iffit	n,R. D.	No.2	, Box	38	4
	18. CAUSE OF DEAT	TH [Enter only one co	use ger li	ine for (o), (b), and (c).]		70		1	1	INTERV	AND DI	VEEN
	PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chrome Physical Christian Comments of the Com										
1	4221	DUE TO		7 /	,	1					/	
	Conditions, if on		Cl	reen	U.R.	cler	car.				*	Intolo
	gove rise to immediate couse (a), stating the under-											
	lying couse lost.	(0	:)(		- 110-							
N O	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RE	LATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19.	WAS AU	TOPSY MED?
′ ₹											ES 1	
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY !	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Ente	r noture of injury	in Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	ar 20d. I			INJURY (Home, f		y or town)	(C	ounty)		(Stote)
MED	Hour o.m. p. m.	19	While of wor	Not while	roctory, st	reet, office bldg.,	etc.)	antt.	2-11	le	c //	61
		at Lattended the	decen	sed from 11 /28	159	19, ta	3/22/	1 (1 10	that I la	et coul	ha dae	77
	alive on 3	120/bu		and that dea	th occu		NA STORM	the causes ar				
	dire on	2/1/10	1 12-	and mar ded	III OCCO	ned di		Street, city, or town,		udie s		SIGNED
	ACTUAL, SIGNATURE	YM	el	hung	M.D	Cu	he	rla	11	141	3/	127/6
	PHYSICIAN'S R	ichard J.	. Wi	lliams, M.D		Cumb	erland	, Maryl	and		/	/
22	o. BURIAL, CREMATION REMOVAL (Specify) Removal	3-25-6		22c. NAME OF CEMETERY	emet			TION (City, town,	or county)		Pa.	
23	FUNERAL DIRECTOR'S	13.1	0	Frostburg		24a. R	EC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIC		LA.	
~	read OY. 1.	Modling	Ky	110000000	,	DATE	MAR 28	00	2			



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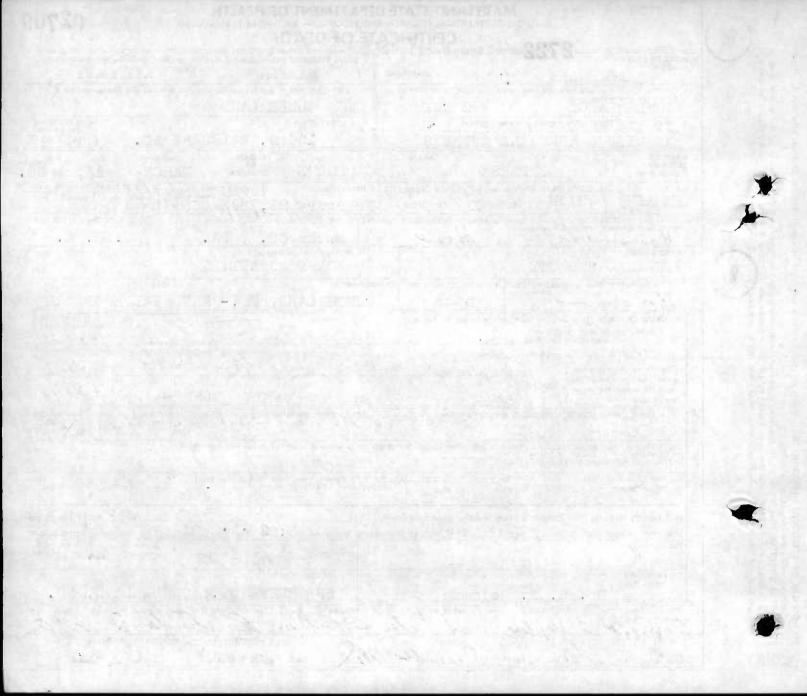
	^	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
	2722	CERTIFICATE OF DEATH
PLACE OF DEATH	10 1 10 10	2. USUAL RESIDENCE (Where deceased lived. If inst

# F			C 100 M N 1 100 L		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	1. PLACE OF DEATH O. COUNTY ALLEGANY	i ka	MARYLAN	ATS O	RESIDENCE (Who	ere deceased liv	ed. If institution b. COUNTY	on: Residence		ssion)
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write c	LENGTH OF STAY IN 1	b c. CIT	OR TOWN (IF OR CUMBE	utside corporate	limits, write R	URAL ond giv	ve nearest tow	n)
	d. NAME OF HOSPITAL ME POLITICIPATION OR INSTITUTION WARWICK & MEMO		TT'AL	d. STR	LOG S	. ALL	EGANY	ST.	ON.	SIDENCE A FARM? NO [X]
	3. NAME OF DECEASED (Type or print)	First HERESA	Middle	В	lost RODE	4. DATE OF DEATH	Mon MAR		Doy 13,	Year 19 60
	S. SEX   6. COLOR OR RA	CE 7. MARRIED	DEVER MARRIED DIVORCED		0.5	1892 9	AGE (In years lost birthdoy) 68 yrs.	IF UNDER 1 Months D	YEAR IF UND Days Hours	DER 24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind of w during most of working life, even if ret	ork done 10b. KII ired)	ND OF BUSINESS OR IN	В	ucks CO	. , PA	try)	-	S. A	
	13. FATHER'S NAME WINFIELD SCHMUT	Z			DA CONS		IE			
	1S. WAS DECEASEDEVER IN U. S. ARMED (Yes, no.) (lif yes, give war or date		OCIAL SECURITY NO.	CUMB.	ERLAND,	MD.#	MEMOR		OSPIT	AL
	Conditions, if ony, which )	84: Per E TO Ruf: (b) Ruf: E TO My	ricardial runed m	Infor	onade divm -	cente,	auten	coy	INTERVAL BONSET AND ILISTA 145ta 3 Da	citly
	PART II. OTHER SIGNIFICANT OF Deabers Cu	ellitus	NTRIBUTING TO DEATH	val.	>( )	- arr	erlosc,	EN IN PART	C. YES	AUTOPSY OKMED? NO
	OR CONTRIBUTING CAUSE OF DEA	(TH ER)	IBE HOW INJURY OCCU	KKED. (Enter no	iore or injury in r	011 1 01 1 1011 11	or riem to.,			
	Hour a.m.	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote foctory, street, office bldg., erc.)  While of work of work of work								(Stote)
	21. I certify that (I) (this hosp saw the deceased alive an 220. SIGNATURE	ital) attended	d the deceased fra	at death acc	urred at5 : C	A, from th				
	22c. PHYSICIAN'S NAME (Type)		ne	M.D. PHYS	ADDRESS	RECTOR .	STAFF PHYS.	א דטיסס	MI CIN	
	23g BDRIAL CREMATION, 23b, DATE THE	G. Wei	23c. NAME OF CEMETER	y OR CREMATE	Pullen.	Lun	N (City, Jown,	and	) (Sto	D.  Dote)  A
	24. FUNERAL DIRECTOR'S SIGNATURE	Inp	ADDRESS C.	ma		MAR 1 6 '		STRAR'S SIGI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

\*\*CARERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely the standard of detached for use as the burial-transit permit. Then please remove carban papers. For the State Baard of Health plant to burial, cremation, ar remayal, and in any every within 72 haure their the state.

VR A15 (4) 1SM 9/S9



VS A15 (4) 15M 10/57

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director,	2000

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 2723

-				<u> </u>						Mag. Dis		
1.	PLACE OF DEATH					2. USUAL RES	IDENCE (Wh	ere deceased	lived. If instituti	on: Residen	e before o	dmission)
	A	llegany		MAI	RYLAND	Min rev	land		o. Cooleii	Alle	gany	
	b. CITY OR TOWN RURAL ond give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STA	Y IN 16			utside corpo	rate limits, write R			town)
L	Cumber			55 vrs		2Cumb	erlan	nd				
	d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in hospital, g	ive stree	t address)		d. STREET					e. IS	RESIDENCE
		Oldtown R	oad			'I26 W	. 010	ltown	Road			ON A FARM?
3.	NAME OF DECEASED	Fir	st	Midd	le	Lo	st	4. DATE	Mar	th	Day	Year
	(Type or print)	John		T.	Bur	kett		DEATH	March	4		19 60
5.	SEX	6. COLOR OR RACE	7. MAI	RRIED NEVER MAR	RIED 🖂	B. DATE OF BIRT	Н		9. AGE (In years	IF UNDER	TYEAR IF L	INDER 24 HRS.
	M	W	WIDOV	VED DIVORC	ED 🔲	Feb. 9	. I88	36	last birthday)	Months	Doys Ho	ours Min.
f0	. USUAL OCCUPAT	ION (Give kind of work	Jone 10b	. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
	dolling most of wo	rking life, eyen if retired Repairman			c Etc						TTCIA	
_	FATHER'S NAME	A Parameter				14. MOTHER'S	dman	Pa			USA	
		The sea Toron do do										
		Burkett				Mary	nousi	1				
£5.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? F6	SOCIAL SECURITY N	O. 17. II	FORMANT			Add			
	No					Irs. Ge	rold	ine F	ogle ]	26 0	ldto	wn Road
	fB. CAUSE OF DE	ATH [Enter only ane ca	use per	line for (o), (b), and (c	).]		- 1		2		INTERVA	L BETWEEN
	PART I. DE	ATH WAS CAUSED BY:		(02	024	ary	11	2000	lyras		ONSET	AND DEATH_
	1/0-	DUE TO		17		-1					6	
	420	. /	/		dh	7/	4	F-			1/2 -	24-2-57
	Conditions, if			Luxur	7	13-6-2	7 - 13	0,1	a single		(C) -	
	couse (o), stoting				/							
	lying couse lost	(c)							01 12 July 1			
ATION	PART II. OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
ATI											PE	RFORMED?
FF	20g. ACCIDENT W	AS LINDERLYING ET	20h DE	SCRIBE HOW INJURY	OCCUPPED	/Fater pature a	finium in D	ant Las Post	11 -6 : 60 1		163	NO 🖾
CERTI	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 00.	SCRIBE HOW HAJORY	OCCURRED	. (Enter nature c	or injury in r	orr i or rarr	II at Item to.)			
SAL		RY Month, Doy, Yea	r 20d	INJURY OCCURRED	20e. PLA	CE OF INJURY (	Home form	20f (City	or town)			154-1
MEDICA	Hour o.m.	19	While	Not while	foc	ory, street, office	e bldg., etc.	i ciny	o. lown,	(C	ounty)	(Stole)
Z	p. m.	19	of wo	rk ot work								
	21. I certify t	hat I attended the	decea	sed from Fra	6.2	1960	) to 5	7602	4, 196	Cthat I I	ast saw t	he deceased
	alive on M	et. 28		66 and the			T2:2	0.4	Ab		4 .	
		000	-, •/	, did ill	deam	occorred at			reet, city or town,		e aate s	fored above.
	ACTUAL /	Elleus ??		Lun	A		5 1				00	DATE SIGNED
	SIGNATURE	my c				A.D	Ci Vo	7.	erz Con	reduc	grant )	-13/6
	PHYSICIAN'S NAME (Type)	Clay É. Du	rre	tt 236 V:	rgir	nia Ave	e. Cui	mberl	and, Md.			
220	BURIAL CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEA	AETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)
	Burial Specify	3-7-60		Ellcre:								(Sidie)
23	FUNERAL DIRECTOR			ADDRESS	S L Bl	ILTOT F	ark		perland			
		Scarpell	1 0		בזו ו			BY REGISTE	PTG.		4.	
	oames r.	pegrherr	T	munel. Tgu	J. WICL.	,	DATE AL	AD O T	60 (	I Thun 8	Manual	

ATE OF DEATH	JULIAN .	
	and the second	
	PUMPING TO	
	5155	
		Calgeria 2
MARAN . NO		

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2793MEDICAL EXAMINER'S CERTIFICATE OF DEATH

600	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearly lown) Frostburg c. LENGTH OF STAY IN 16 RURAL 44yrs	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Rural Route # 1 Frostburg
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARAGE YES NO
3. NAME OF DECEASED (Type or print) HELEN R.	CLISE 4. DATE OF DEATH 3/27/1960 Doy Year 19
5. SEX  6. COLOR OR RACE  7. MARRIED TO NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 4/16/1889  9. AGE (In years   IFUNDER 1YEAR   IF UNDER 24 HRS   Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even Orelized) Home	Frostburg MD. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Thomas Riggs	Linda Steele
AWAR AND	Ir. Albert Clise, R.F.D. #1 Frostburg
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.	(Husband).  Transferance of the property of th
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \sum_{\text{NO}} \) YES \( \sum_{\text{NO}} \)
	(Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA While Not while for years of work 19 of work 19	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes A. Accident SIGNATURE WOM Capelland	
EXAMINER'S NAME (Type)  220. BURIAL, CREMALION, 122b, DATE THEREOF  122c, NAME OF CEMETERY OF	2 TO DEPUTY MEDICAL EXAMINER S
REBURIAL 3-29-60 Memorial Pa	ark Frostburg, Maryland
33. JUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MENCAL EXAMINER'S LECTIFICATE OF DEATH A THE RESIDENCE OF THE PARTY OF

02712

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN ONSET AND DEATH

mos,

PERFORMED? YES NO NO

(State)

DATE SIGNED

(State)

Days

(County)

24b. REGISTRAR'S SIGNATURI Chilling S. Kraus

24g. REC'D 8Y REGISTRAR

ON A FARM?

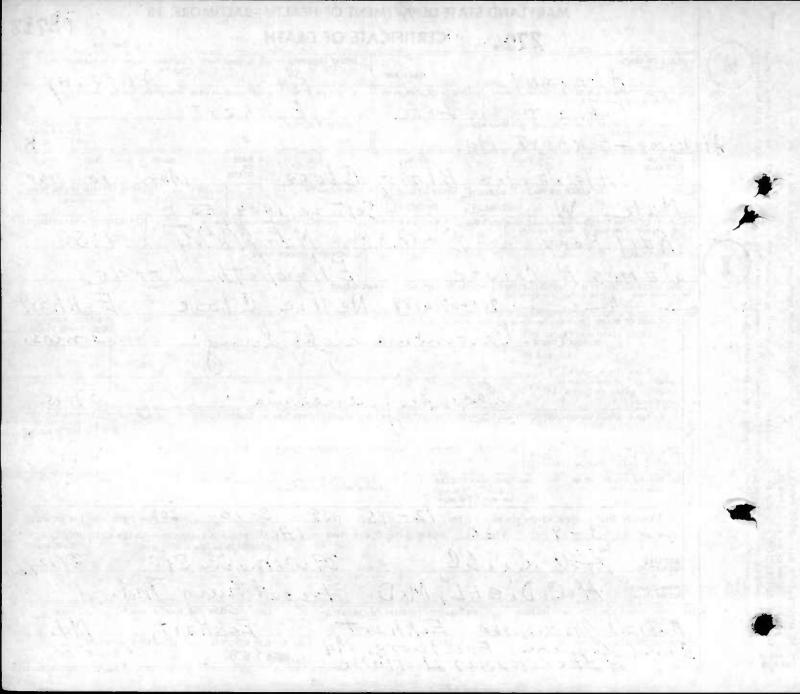
YES NO

Year

1940

23 FUNERAL DIRECTOR'S SIGNATURE

2 VS A15 (4) 15M 9/S8



VS A15 (4) 15M 10/57

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4	vith (	M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02713

2795

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	PLACE OF DEATH     O. COUNTY			2. USUAL RESI	DENCE (Where dec	eased lived.	If instituti	ion: Residence	e before adm	nission)
	Allegany		MARYLAND	Ma	aryland		. COUNTY	Alleg	any	
	<ul> <li>b. CITY OR TOWN (If outside corporate RURAL and give nearest town)</li> </ul>	orate limits, write	c. LENGTH OF STAY IN 16	1	TOWN (If outside o		nits, write f	RURAL and gi	ive nearest to	wn)
	Ellerslie		Life	X	Ellersli	le				
	d. NAME OF HOSPITAL (If not in h OR INSTITUTION	ospital, give street	address)	d. STREET	ADDRESS				ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	fini rge Les	Middle ter Conner	Lo	OF		Mor	6,196	Day	Year
1			RIED NEVER MARRIED	B. DATE OF BIRT					YEAR IF UN	
-	Male Whi				25,1891	lost 68	E (In years birthday) yrs.	Months [	Days Hour	
ı	10a. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS OR INDU				,	1	ZEN OF WHA	AT COUNTRY?
	during most of working life, even Cumberland Sem-	if refired)			Cumber1a		ld -	US	SA	
ı	13. FATHER'S NAME	0110	DODDELLOR LIM		MAIDEN NAME	3		100	744	
1	William	T. Conn	or	TAT:	artha El	llen	Warn	ick		
1	15. WAS DECEASED EVER IN U. S. ARA	MED FORCES? 16.		INFORMANT	X. 0000 111		Add			
	(Yes, no, or unknown) (If yes, give wor o	r dates of service)		Tames A	mbrose (	conne	r. R	ideel	ev.W.	.Va.
ŀ	18. CAUSE OF DEATH [Enter on	ly one cause per lis		James A	mor ope (	7011110	9 20	20802	INTERVAL	
1	PART I. DEATH WAS CAUS	SED BY:	. 6 . 1/	2 .0	20				ONSET AN	ID DEATH
	523 IMMEDIATE C		econ me	2. lu	Latera					
	Conditions, if any, which	DOLIO	SILICOSI.	s PU	1401	1811	7			
	gave rise to immediate	(0)	1	, ,				····		
	lying cause last.	DUE TO								
	/	NT CONDITIONS (	CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMINAL DIS	EASE CON	DITION GIV	/ENT INT DART	1/a) 10 WA	VOQUILLA
)	PART II. OTHER SIGNIFICA			. THO I MELITICIDE TO	THE TERMINANE DIS	EASE COIN	DITION GIT	EN HY PARI	PERF	ORMED?
	20g. ACCIDENT WAS UNDERLYING	G □ 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture o	of injury in Part Lor	Part II of i	tem 18.)		TES	] NO []
- 1	OR CONTRIBUTING CAUSE OF	DEATH MINER)	-	is the second						
	20c. TIME OF INJURY Month, D Hour pr. m.			ACE OF INJURY	Home, farm, 20f.	(City or tow	n)	(Co	ounty)	(State)
	Hour p. m.	19 While at worl	HOI WILLE	ictory, street, office	e bldg., etc.)					
	21. I certify that I attend	ed the decease	ad from JANUA	1241061	2 ma	PILL	1066	About I Io		e deceased
1	alive on 3 -	6 106	C, and that death	accurred at	AP	Alaman Alaman	-, 17.66	L., INCI I IC	ist saw the	e deceasea
1	unve on	1/ 4:	ond man dean	i accurred at		S (Street, ci				DATE SIGNED
,	ACTUAL SIGNATURE	HO 60	gul (11)	M.D	MAIN	51		AT	140	AGE
	PHYSICIAN'S OT	TO VE	OGEL, H	.D					Ma	1
	220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) Ma.		22c. NAME OF CEMETERY C 960 Porter (			cation (o			(S)	ate)
	FUNERAL DIRECTOR'S SIGNATURE	11	ADDRESS		24a. REC'D BY RE	GISTRAR		STRAR'S SIGN		
a	Namey He Lee	les	Hyndman, Pa.		DATE MAR 1	6 '60	a	rthur S.	Though	

	HTASE TO STATE OF DEATH
	The state of the s
	Principal Control of the Control of
P. P. L. F. S.	

VS A1S (4) 1SM 10/57

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CERTIFICATE OF DEATH

	W E D					Reg. Dist.	. No.	
1. PLACE OF DEATH g. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE OF STATE	E (Where deceased Sylvan	d lived. If instituting b. COUNTY	on: Residence Bedfo	before odmi	ssion)
	(If outside corporate limits, wri	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpo	prote limits, write F	URAL ond giv	re nearest tov	vn)
Cumberla		21 days	Hyn	dman			75X	3
	ITAL (If not in hospital, give et	rot goffresk &c	d. STREET ADDRE	SS				SIDENCE
Memorial		morial Aves.						A FARM?
3. NAME OF DECEASED (Type or print)	Jonas	Middle	Coughenou	4. DATE OF DEATH	March	31	Day	Year 19 60
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UND	ER 24 HRS.
Male	White woo	OWED DIVORCED	April 17	. 1870	89 yrs.	Months D	loys Hours	Min.
100. USUAL OCCUPAT		06. KIND OF BUSINESS OR INDU				12. CITIZ	EN OF WHA	T COUNTR
Trackman	orking life, even if refired)	B&O Railroad	Hyndma	n Da		USA		
13. FATHER'S NAME	<u> </u>	Lat Italii Oad	14. MOTHER'S MAIL			ADV		
Daniel (	Jassah amassa							
	Coughenour	16. SOCIAL SECURITY NO. 17.	INFORMANT	Smith				
(Yes, no, or unknown)	(If yes, give war or dates of service)				Add			
No		705-09-9039	Russel Co	ugheno	ur, Hyno	dman,	Pa.	
Conditions, if gove rise to couse (o), stoling lying couse lost  PART II. O	immediate and the under the under the significant condition and the condition the cond	Chronic general	T NOT RELATED TO THE I	FERMINAL DISEAS	E CONDITION GIV		PERF	5 yrs
	Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injui	ry in Port I or Por	t II of item 18.)		WE	
20c. TIME OF INJU Hour o. m. p. m.	Wh		ACE OF INJURY (Home, actory, street, office bldg	form, 20f. (City ., etc.)	or town)	(Cou	unty)	(Stote)
21. I certify to alive an	When le Toy	ased framestate Sa 260, and that death	M.D	ADDRESS (S	//	stote)	date stat	decease ed abav ATE SIGNE
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			TION (City, town,			
REMOVAL (Specify					ndman, Pa	//	(Sto	re)
Burial  3. FUNERAL DIRECTO		ADDRESS						
A ALL DIRECTO	6 A Partillar			REC'D BY REGIST	100	STRAR'S SIGN		
Howey	VI Lugley	Hyndman, Pa.	DATE	APR 5	C	Irihun S.	Tiraus	

			2727	
	-101/61 . TABLESEA			
A STATE OF THE PARTY OF THE PAR				
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he State Board of Health

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2725 CERTIFICATE OF DEATH

02715

	40		CEKI	IFICA	E OF DEA	п				
1. PLACE OF DEATH o. COUNTY A	LLEGANY		MA	RYLAND	2. USUAL RESIDENCE	(Where deceases	d lived. If institution b. COUNTY	on: Residence I		sion)
b. CITY OR TOWN ( RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond give	nearest tow	n)
CUMBERL	AND		5 HOURS	3	O2 CUM	BERLAND			123	
d. NAME OF HOSPI OR INSTITUTION WARWICK	TAMEMORIAL  MEMORIAL	OSPIT AVENU	ACES) ES		d. STREET ADDRES		ND STREE	ľ	ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)		rst BOY	Mid	dle	Lost DE VER	4. DATE OF DEATH	MAI	RCH	Day 22,	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAI	RRIED 18	. DATE OF BIRTH	022	9. AGE (In years lost birthday)	Months Do		7
BALE	WHITE	WIDOWE	D DIVOR	CED 🗌	MARCH 😂	1960.	yrs.	Months Da	ys Hours	2 Min.
None	ON (Give kind af work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	CUMBERI	AND, MD			S. A.	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAID					
GEORGE DE	EVER				NELLIE	1. KISNE	R			
Yes, no, or unknown]	ER IN U. S. ARMED FOI (If yes, give wer or dates of	service]	social security i		FORMANT MEMORIAL HO	SPITAL	- CUMBERI		D.	
PART I. DEA 773.5 Conditions, if a gave rise to couse (a), stating lying couse last.	mmediate (	b) 5	Caspira	toy	failure as of Vi	the c	A luclus		INTERVAL B	) DEATH
PART II. OT  PART II. OT  PART III. OT  OR CONTRIBUTING  (IF EITHER, NOTIFY	HER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO	DEATH BUT	TOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	'EN IN PART 1(	PERFO	AUTOPSY ORMED? NO [2
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter nature of injur	y in Port I or Por	t II of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	20d. IN While at wark	Not while at work		CE OF INJURY (Hame, ory, street, office bldg.		y or town)	(Cou	inty)	(Stote
	ot (I) (this hospito sed alive an 2	9/1	0		20 March eath accurred of	1968, p				
220-SIGNATURE	and An	an	4	D.Sir	ATTENDING PHYS.	MED. DIRECTOR	STAFF			2b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	DR. LELAN	ID B.	RANSOM		22d. ADDRESS	rearo	ST.			
23a. BURIAL, CREMATIC REMOVAL (Specify BULLA)	3-23-		23c. NAME OF C	emetery or Cem	CREMATORY		TION (City, town, ley For		(Sto	ite)
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		250.	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGN	ATURE	100

DATE AR 2 8 '60

James F. Scarpelli Cumberland, Md. VR A1S (4) 1SM 9/S9 2060346XV3

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02716

INTERVAL BETWEEN
ONSET AND DEATH

(Stote)

4	· · ·				-Fee All (	60	CLK	IIIICA	IL OI DEATH					
Poge .	M villed with	)	1.	ALLEGANY				MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYLAND	here deceased	lived. If institution b. COUNTY	n: Residence be		ssion)
oth.	be			b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (IF	autside carpo	ate limits, write RU	RAL ond give	nearest tov	vn)
de	Pla			CUMBERLAN	D		9 D/	AYS	02 CUMBERLAN	ND OIL				
urs after	by the	60		d. NAME OF HOSPITA OR INSTITUTION MEMORIAL	MEMORIAL & WARWICK	HOSPIT	AL		/d. STREET ADDRESS				ON	SIDENCE A FARM?
ha	an		3.	NAME OF DECEASED		rst		Niddle	Last	4. DATE	Month	1	Day	Yeor
24	# # #			(Type ar print)	N	ORWOOD	) 1	M.	EDMONDSON	DEATH	MAR	CH	9	1960
thir	- P	1	5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER N	ARRIED	B. DATE OF BIRTH			IF UNDER 1 YE	AR IF UNI	DER 24 HRS
3	- e	1		MALE	COLORED	WIDOWED		ORCED 🗍	MARCH 29. 19	936	lost birthdoy) 23 yrs.	Months Day	s Hours	Min.
utec	dwa	1	10a	. USUAL OCCUPATION	V (Give kind of work	dane 10b. K	IND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPLACE (State		untry)	12. CITIZEN	OF WHAT	COUNTRY
xec	po p			Musican	ng life, even if retired	Bet	ters 0	rches	tra CUMBERLAN	ID . MAF	YLAND	1	J.S.A.	
9	bar 72		13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
te k	Sar hin			MELV	IN EDMONDS	ON			LENORA F	RICHARD	SON			
fico	ove wil		15.	WAS DECEASED EVER			OCIAL SECURIT	Y NO. 17. II			Addre	155		
erti	ent vent			NO (10	yes, give wor or dates of	service) 22	0-30-8	270		NITAL				
th.	ding 3se y e								MEMORIAL HOSE	TIAL,	CUMBERLA			
deo	plec			1B. CAUSE OF DEAT	H [Enter only one co	_				DI		10	NSET AN	
he	O			TART I. DEAT	IMMEDIATE CAUSE (	DA	RONGHO	OPNE	UMONIA	DIA	ATERA	_	4-8-	Hour
that	by th it. Th al, an			204, c	DUE TO y, which ) (t	120	UTE	Mor	outtle.	LEUK	EMIA		9 1	10
ires	erm			gove rise to im	mediate (	-					=======			
edu	S S S			couse (a), stating the lying couse lost.	under-	-)								
ne law r	as been ial-trans atian, a	0	CATION	PART II. OTHE			NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIVE	N IN PART 1(a	PERF	AUTOPSY ORMED?
IAN: T	ficate that the bur		CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJU	JRY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 1B.)			
PHYSIC	his certi		MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. INJ While of work	URY OCCURRE  Nat while of work	fo	ACE OF INJURY (Home, fare tory, street, office bldg., etc.		or town)	(Coun	ty)	(Stote
9	10			21 I certify that	(I) (this hospita	1) attende	d the decer	sed from	7 NOV 19	53° ta	9 MARCH	1960	that (I)	twe) las
IQ.	Aff hed th								leath occurred at 15.					
TEN	etac eal			220. SIGNATURE	10				ledin occorrection 15.	AMITOIL	me cooses and	un me ac		2b. DATE
A	D o H	,			hule	and	Glice	Re		ED.	STAFF PHYS.			SIGNED
TALOR	AL DIRI	/		22c. PHYSICIAN'S NAME (Type)	-	EL GL			22d. ADDRESS	TRECTOR _	11113: []	10 E		
HOSPI	3 she State		230	BURIAL, CREMATION	Mar 12	1960	23c. NAME OF	CEMETERY O	r CREMATORY Cemetery	23d. LOCA	ion (city 12m).	county)	Md.(St	ate)
TO.	5	5	24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		2So. REC	'D RY REGIST	RAR 2Sb. REGIST	TRAR'S SIGNA	TURE	1170

Cumberland,

Md.

Byron Kight

2So. REC'D BY REGISTRAR DAMEAR 1 4 '60

25b, REGISTRAR'S SIGNATURE arthur S. Kraus

VR A15 (4) 15M 9/59

MG403.1.14 DIA JIMBE 24. #33702 J.111 STE TO CHARLEST STORY SE THE HORN GIANTE CHESKING FOR CONTRACT A STATE OF CHAPLE CALLED AND DEC SI THE RESERVE OF THE PROPERTY OF THE PARTY OF

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2774 CERTIFICATE OF DEATH

)	2774	CERTIFICATI	E OF DEATH							
	1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE MARYLAND b. COUNTY ALLEGANY	1)						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  FROSTBURG							
1	d. NAME OF HOSPITAL (If not in hospital, give street MINERS HOSPITAL	address)	/d. STREET ADDRESS  152 GREEN ST.  e. IS RESIDION A F. YES	ARM?						
	3. NAME OF DECEASED (Type or print) WILLIAM	Middle STANLEY	EISEL 4. DATE Month Doy Yes	60						
	S. SEX MALE    6. COLOR OR RACE   7. MARK WHITE   WIDOW		DEC. 8, 1892  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 0   Of yes   Of y	24 HRS. Min.						
		KIND OF BUSINESS OR INDUSTRICELANESE CORP	MARYLAND U.S.A.	UNTRY?						
)	GEORGE EISEL		SARAH GUNTER							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 214-01-3644 MRS. NELLIE EISEL, FROSTBURG, MD.									
)	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause lost.  (c)	1MMEDIATE CAUSE (o) 10 10 10 10 10 10 10 10 10 10 10 10 10								
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a.m. While	NJURY OCCURRED 20e. PLAC	(Enter nature of injury in Part I or Part II of item 1B.)  CE OF INJURY (Hame, farm, 20f. (City ar tawn) (County)  ory, street, office bldg., etc.)	(Stote)						
	21. I certify that (I) (this hospital) attends aw the deceosed alive on 22a. SIGNATURE	. / -	ath occurred of ATENDING MED. STAFF							
	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 14-1-1960	F BG. MEMORIA	AL PARK FROSTBURG, MD							
	24 FUNERAL DIRECTOR'S SIGNATURE FROS	STBURG, MD.	DATE APR 4 160 Orthur S. Kraus							

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# MARYLAND STATE DEPARTMENT OF HEALTH PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIL o. STATE	Maryland	h. COUNTY		
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	OWN (If outside corp	porote limits, write R	URAL ond give ne	earest town)
	khart	Lifetime	X	Eckhart	t		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give street	oddress)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF	First	Middle	Las	4. DATE	Mor	nth Di	ay Year
(Type or print)	Cecilia	Estell	a Engi	le DEAT	H Marc	h 23r	d. 19 60
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTE		9. AGE (In years		R IF UNDER 24 HRS
Female	White WIDOW	/ED DIVORCED	April :	10th,1880	last birthdoy) yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN O	F WHAT COUNTRY
Housew		m housework	Ma	ryland		USA	A
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			1000
Josiah	Porter		Eliz	abeth Ra	ce		
15. WAS DECEASED EVE		SOCIAL SECURITY NO. 17.	INFORMANT			lress	
res, no, or unknown)	(ii yes, give war or dates or service)	none I	ester E	ngle, Ec	khart. M	ld.	
Conditions, if a gove rise to i couse (o), stoling lying cause lost.  PART II. OTI	mmediate the under. DUE TO (c) HER SIGNIFICANT COMPITIONS AS UNDERLYING	rebial.	a	naem	ca_		19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	/					
20c. TIME OF INJUI Hour o. m. p. m.	While		PLACE OF INJURY ( octory, street, office		ity or town)	(County	r) (Stote
	at (1) (this haspital) attenused alive an May 2		death accurred	d at 7:45 PM	n the causes a		hat (I) (we) las e stated abave 22b.DATE SIGNED
22c. PHYSICIAN'S	Tilletani		M.D. ATTENDING PHYS. 22d. ADDR	DIRECTOR	STAFF PHYS.	May	241960
NAME (Type)	W. O. McLan	e, '	" 167	E. Mair	St.,Fr	ostburg	Md.
23o. BURIAL, CREMATIC REMOVAL (Specify	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY			ATION (City, town,	.,	(State)
Burial	3-26-60	Zion Evang	.& Refo	rm.Cem.	Frostbu		Md.
24 FUNERAL DIRECTOR	'S SIGNATURE	Frostburg,	Md.	250. REC'D BY REGIMAR 2 8	'60 256. REG	ISTRAR'S SIGNATU	
				DAIL			

217. SET STATE STREET, SELECT THE PERSON NAMED IN COLUMN TWO IS NOT THE PARTY. and the second s The state of the s The state of the s

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2727 CERTIFICATE OF DEATH

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1, PL o.	ACE OF DEATH COUNTY ALLEGAN	Y		MAI	RYLAND	2. USUAL RESIDE	MARYL		d lived. If in	VTIAL	Residence be	1000	nission)
ь.	CITY OR TOWN (If outsid RURAL and give nearest to CUMBERLAN	own)	ts, write	c. LENGTH OF STA		c. CITY OR T	OWN (IF O		prote limits, w	rite RURAI	L ond give n	earest to	wn)
d.	OR INSTITUTION MEMORIAL	L HOSPIT	TAL	address)		d. STREET A	MASON	ROAD	Rout	e 2		ON	ESIDENCE A FARM?
DI	AME OF ECEASED ype or print)	Fir K	IZZIE	Midd W		FAGAN Los		4. DATE OF DEATH		Manth MARC		23	Year 19 60
S. SE		HITE	7. MARR	NEVER MAR		8. DATE OF BIRTH	19,1	910	9. AGE (In last birth		onths Days		IDER 24 HRS Min.
10a.	USUAL OCCUPATION (Given the state of the sta	e kind af work of even if retired	done 10b.	Own Home	OR INDU				ountry) Paw			S.A.	T COUNTRY?
13. F	GARFIELD B	ICV				14. MOTHER'S							
15. W	AS DECEASED EVER IN U.		CES? 16	SOCIAL SECURITY N	IO. 17 III	NFORMANT	BY KEF		0 14514	n Andelress	A 3 05 A 11		
(Yes,	no, or unknown) (If yes, gi	ve wor or dales of s	ervice)		М		HOSPIT	TAL -	& MEMICUMBER	RLAND	, MAR'	YLANI	D
1	B. CAUSE OF DEATH [E	S CAUSED BY:	7	or (o), (b), and (	0).]						IN OI	NSE A	BETWEEN NO DEATH
	174X Conditions, if ony, wh	DIATE CAUSE (o DUE TO	,	lot cote	Ti	Sow	ma				G	Jago J	200
	gove rise to immedicause (a), stating the unallying couse last.		n	ind w	esire	lemel	Mas	oblo	entime	1	tu	6	700
CERTIFICATION	PART II. OTHER SIG	NIFICANT CON	DITIONS C	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITIO	N COMEN I	IN PART 1(o)	PERI	S AUTOPSY FORMED?
	20a. ACCIDENT WAS UND DR CONTRIBUTING [] CA IF EITHER, NOTIFY MEDIC	ERLYING  USE OF DEATH AL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	f injury in P	art I or Por	t II of item 1	8.)			
MEDICAL	Oc. TIME OF INJURY Mor Hour a. m. p. m.	nth, Doy, Ye	While	NJURY OCCURRED  Not while at work		ACE OF INJURY (I ctory, street, office			or tawn)		(Caunt	у)	(Stote
	21. I certify that (I) (saw the decembed of			led the deceose	d fram.	Nov	125 1 alt : 45	M, from	Mar	23	19_60 in the da	thot (1) te state	(we) last ed abave
	220. SIGNATURE	hil	K	Que		M.D. ATTENDING	DIF	D.	STAFF PHYS.	) Ma	arch		226. DATE 1960
	NAME (Type) DR	. LEWIS	MOUL	.D	)	22d. ADDRE 122		Centr	e St.	Cumb	erlan	ıd, l	Md.
23a.	BURIAL, CREMATION, 231 REMOVAL (Specify)	3/25/60		23c. NAME OF CE Sunset Me	metery o				tion (city, terland				tote)
-	John J. Haf		nberl	ADDRESS	yland	1	25a. REC'I	MAR 2	TRAR 256.	REGISTRA	R'S SIGNAT	URE Traces	

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VR A15 (4) 1SM 9/59 1. PLACE OF DEATH

2720

CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY  A LLEGANY	MARYLAND		SUAL RESIDENCE (WHO SIMARYLAND	ere deceased	lived. If institutio b. COUNTY	n: Residence		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	C.	CITY OR TOWN (IF a		ote limits, write RL	JRAL and give	e nearest town	
d. NAME OF HOSPITAL UF not in hospital, give street or institution MEMORIAL HOSPIT MEMORIAL &WARWICK AVES	oddress)	10	518 WARRE	N STRE	ET			DENCE FARMS NO [1]
3. NAME OF First DECEASED (Type or print) JULIA	Middle G. FLE	TCHE	Lost R	4. DATE OF DEATH	MARC			600 600
S. SEX FEMALE 6. COLOR OR RACE 7. MARRI WIDOWE		JUN	E 29, 1880		9. AGE (In years last birthdoy) 79 yrs.		YEAR IF UNDE	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. I during mast of warking life, even if retired)	Home.		BORDEN S	HAFT,			S.A.	OUNTRY?
JOHN D. BARNARD		14.	FRANCES		WOOD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	MEM	IORIAL HOSP	ITAL	Addr CUMB	ess ERLAND	, MD.	
18. CAUSE OF DEATH [Enter only one cause pec lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stating the under- lying couse lost.  (c)	nocul		The P	2dy	lia	nex)	INTERVAL BE	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH B					EN IN PART 1	(o) 19. WAS A PERFO	NO
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. While of work	_ Nat while _	PLACE O foctory,	F INJURY (Hame, farm street, office bldg., etc.	20f. (City	or town)	(Cou	inty)	(Stote)
21. I certify that (I) (this hospital) attends saw the deceased alive on 220. SIGNATURE				60, to_	3 , 16 the causes an		date stated	
22c. PHYSICIAN'S NAME (Type) W. F. WILLIA	MS		PHYS. DI	RECTOR D	STAFF DARYLAND		3-	SIGNED 176
230, BURIAL, CREMATION, 236. DATE THEREOF SEMOVAL (Specify) 3/19/60	23c. NAME OF CEMETERY HUllcrea	OR CRE			TON (City town,	y county)	My C	l.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 V	0. [ ]	D BY REGIST		TRAR'S SIGN		

61. TEACH RESIDENCE TO THE PROPERTY OF THE PROPERT Name of the second of the seco re the state of th AND RECORD OF THE COURT OF THE PARTY OF THE THE PROPERTY OF THE PROPERTY O ME SERVICE WASHING TO THE SERVICE WAS AND A and the second second second second 

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2729 CERTIFICATE OF DEATH

02721

Reg. Dist. No.

	. PLACE OF DEATH o. COUNTY ALLEGA	MY		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND ALLEGANY						
1	b. CITY OR TOWN (If RURAL ond give new	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If ou	itside corpo	rote limits, write R	URAL and give	ve neares	t town)
	CUMBERLA	MD		5 HOURS	+	UMBERI	LAND				
	d. NAME OF HOSPITA	AL (If not in hospitol, g	ive street	oddress)	d. STREET AL	DDRESS				e. I	ON A FARM?
1		CART HOSPIT			70	05 FRI	EDERIC	CK ST.		Y	ES NO 🔀
3	NAME OF DECEASED	Fir	st	Middle	Last		4. DATE OF	Mon	th	Day	Yeor
	(Type or print)	GEOF		Vincent	FLET	CHING	RDEATH	MARC		2	19 60
1	5. SEX	6. COLOR OR RACE	7. MARR	HED KNEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF	UNDER 24 HRS
	MALE	WHITE	WIDOW	DIVORCED	AUGUST	5, 18	391	68 yrs.	, with the same of	7073	Min.
1	0a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	ACE (Stote o	or foreign co	ountry)	12.CITIZI	EN OF W	HAT COUNTRY
	Retired p			ewspaper	Cun	berl	and,	Md.	U.	S.	Α.
Ī	3. FATHER'S NAME				14. MOTHER'S						
	Geor	ge J. Fl	etch	inger	E	Ella	Mae	Christi			
ī	5. WAS DECEASED EVER	IN U. S. ARMED FOR			NFORMANT				ress Cum	ber	land,
1	(Yes, no, or unknown) (I	ryes, give wor or outes or a	21	4-05-9575Mrs	. Mildr	ed A	. F1	etching	er 70	5 F	rederi
F	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]						INTERV	AL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebro-vascular accident (embolus)											and DEATH
420, / DUE TO											
Conditions, if ony, which) (b) Myocardial fibrosis										11	vrs.
gove rise to immediate couse (a), stating the under-											y Loa
	lying couse lost.	ne <u>under-</u>	Con	ronary arterio	sclerosis	5					?
	PART II. OTH	,		ONTRIBUTING TO DEATH BUT			AL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY
	PART II. OTH Squamou	s cell car	cinor	na penis							PERFORMED?
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in P	ort I or Por	t II of item 18.)	34		
	Hour o. m.	Month, Doy, Ye	While	Not while for	ACE OF INJURY (F ctory, street, office	lome, farm, bldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stote
				k ot work	10 ٢0	4.	<u>i</u>	0 / 0			
4				ed fram March							
	alive an	March 2	, 19	60 , and that death	accurred at_		M, fram	the causes an	d an the	date st	ated abave
	ACTUAL	A	2		50 F		,	treet, city or town,		202	DATE SIGNED
1	SIGNATURE	Menny	700	colm	M.D	er sim	ing bu	· Cumbe	rland,	MQ.	
	PHYSICIAN'S NAME (Type)	amuel M	acobs	son, M. D.						3	/4/60
1	20. BURIAL, CREMATION	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
	Burial (Specify)	3/5/60		SS. Peter 8	Paul's	5	Cumb	erland,	Mary	lan	d
2	3. FUNERAL DIRECTOR'S			ADDRESS		24a. REC'D	BY REGIST		STRAR'S SIGI		
	H. Wayne	George	Cum	berland, Md.		DATE M	AR 7 '	60 0	rthung S.	Than	8

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the State Board of Health

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2730 CERTIFICATE OF DEATH

2730

1. PLACE OF DEATH  o. COUNTY  ALLE	EGANY		MARY		2. USUAL RESIDENCE (W	/here deceased	d lived. If institution b. COUNTY	on: Residence	e before adm	ission)
b. CITY OR TOWN (If RURAL ond give ne	autside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF		rate limits, write R	URAL and gi	ve nearest to	wn)
	BERLAND		53 DAYS		MEYERS	SDALE			75X-	3
d. NAME OF HOSPITA	AL (If not in hospitol, o OR IAL HOSP	TAL	oddress)		d. STREET ADDRESS ROUTE	#4			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir	HARD	Middle	CD I	Lost CD	4. DATE OF DEATH	Man	0	Day	Year
5. SEX			RIED X NEVER MARRIE		ZZELL, SR.		9. AGE (In years	RCH IF UNDER 1	YEAR IF UN	19 60 DER 24 HRS.
MALE	WHITE	WIDOW			JAN. 3, 1907	7	last birthdoy) 53 yrs.		Days Hour	1
100. USUAL OCCUPATION during most of work RET I REL	ing life, even if retired	)	FIRE DEPT.	R INDUST	BALT IMOF	RE CO.,			J.S.A.	COUNTRY?
JOHN C. F	RIZZELL			169	KATHERI		IPT			
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	0.41		VICK &	MEMOR LATE	"AVENU	JE ) •	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Congesties We	2 i	furction				INTERVAL ONSET AN 53	Days Days
Iying couse lost.  PART II. OTH  300. ACCIDENT WA	er SIGNIFICANT CON	ionbo	res - B	rom	OT RELATED TO THE TERM  Line and a color  (Enter nature of injury in	-		EN IN PART	PERI	S AUTOPSY FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Ye  19	or 20d. 11 While at war	Not while	20e. PLAC facto	E OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City	or tawn)	(Co	ounty)	(State)
		Jan	led the deceosed19 & O, ond		ATTENDING	MED. DIRECTOR	the couses an			
23a. BURIAL, CREMATION REMOVAL (Specify) Buria	Apri/2		23c. NAME OF CEME	TERY OR		23d. LOCAT	CION (City, town, of lawr	)	mo	ote)
John T. Sta	s signature nsbury -	641	Windsor/	7:11		APR 4	100	STRAR'S SIGI		

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02723

Reg. Dist. No.

		COUNTY		2. USUAL RESIDENCE (	Where deceased live	b. COUNTY	nce before admission)
	-	Allegany CITY OR TOWN [If outside corporate limits, write RURAL   c. 1]	MARYLAND ENGTH OF STAY IN 16	11/00	19 und	Cle	egony
		ond give nearest town)  Cumberland	INGIN OF SIAT IN IB	02 A min	sufside corporate	limits, write RURAL and	give hearest town)
	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	B. STREET ADDRESS	1 2	0 001	e. IS RESIDENCE
9		Memorial Hospital DO		613 7	rederi	ck St.	YES NO
		NAME OF First	Middle	Last	4. DATE	Month	Day Year
		Type or print) May		ERSON	OF DEATH	MARCH :	17 1960
H	5. 5	6. COLOR OR BACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH		GE (In years   IF UNDER 1   Months   D	
	/	Male Mhile WIDOWED	DIVORCED	an. 16,19	16 4	yrs.	Days Haurs Min.
۳		USUAL OCCUPATION (Give kind of work dane 10b. KIND (uring most of working life, even if retired)	BUSINESS OF INDUST	11. BIRTHPLACE (Stote	or foreign country	12. CITIZ	EN OF WHAT COUNTRY?
		Salesman auc	amobile	Cumb	ertan	X MM 11	13.17
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1	
1	15.	WAS BECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. IN	FORMANT	a cu	Address .	
1		no, or unknown) (If yes, give wor or dates of service)	7	no Ida	From	Cum	6. md
		18. CAUSE OF DEATH [Enter only one cause per line for (a)	, (b), and (c).]		7		INTERVAL BETWEEN ONSET AND DEATH
	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COP (	mary Occl	usion. lef	t		1 Hr.
		4-20. 1 DUE TO					
		Canditians, if any, which) (b) COTO	nary Scle	rosis			
		gave rise to immediate cause (a), stating the underlying DUE TO					
		cause last. (c)					
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINALDISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	V INJURY OCCURRED. (E	nter nature of injury in Pa	rt I ar Part II af ite	m 18.)	
	SI		Y OCCURRED 20e. PLAC	E OF INJURY (Home, for	m, 20f. (City or to	wn) (Cour	nty) (State)
	MEDICAL	Haur D. m. 19 While at wark	LIOI WILLIA ]	ry, street, affice bldg., etc	-)		
		21. I certify that I taok charge of the remo	ins described abay	e, held an Autop	sy 🛴 , Inspe	ction 📉, Inquiry	, and find that
		death resulted from: Natural causes [X],	Accident [], Suid	ide 🔲, Hamicid	e 🔲, Undet	ermined cause [].	
		0 1 000	/ .				DATE SIGNED
		SIGNATURE Denedict Skit	arelia	_M.D. CHIEF MEDICAL E	_		DATE STORED
		EXAMINER'S			CAL EXAMINER		
	- m-	NAME (Type) Benedict Skitare		DEPUTY MEDICAL		March 17	1960
	1	REMOVAL (Specify)	NAME OF CEMETERY OR	Cem.	Cum	(City, town, or county)	M &
1	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR	24b. REGISTRAR'S SIGN	
A	0	James sellin unc.	umb. I	DATE		Commy My	CEANCE

VS. A15ME(5) 5M 9/55

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F		Executed Agency while	
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		Property American Conf.	- IV PROPERTY CO.
		Personal Association of	- IV January Communication
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2775 CERTIFICATE OF DEATH

2110	
1. PLACE OF DEATH  O. COUNTY  MARYLAN  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. SMaryland b. COUNTILEgany
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  TOSTOURE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lonaconing
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Miners Hospital	J d. STREET ADDRESS  East Main Street  e. IS RESIDENCE ON A FARM? YES \( \sum NO \( \sum \)
3. NAME OF DECEASED (Type or print)  ADA  BARNES	GETSON 4. DATE Month Day Year OF DEATH 3/28/1960 19
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors lost but hday)  9. AGE (In yeors lost but hday)  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Own Home	INDUSTRY 11. BIRTHPLACE (State or foreign country)  Lonaconinf, MD.  12. CITIZEN OF WHAT COUNTRY  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Barnes	Catherine Spicher
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) None	Charles Getson, Jonaconing, MD.  (HUSBAND) INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter anly one couse per line far (a) ((b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under.  Lying couse last. (c)	lerosis Pours
IT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	URRED. (Enter noture af injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour o. m. While Not while of work at wark	De. PLACE OF INJURY (Hame, farm, control of total) (Caunty) (State foctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased olive on 2.2.8.19.6.0 and the company of th	om. 6.13
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL Specify) 3/31/1960 Memorial	ERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
GEORGE EICHHORN LONACONING	G, MD. DATEMAR 30'60 Orthur & Kraus

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All Sections of the section of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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2732 CERTIFICATE OF DEATH

Reg. Dist. No.

	- Full	4						Reg. Dis	1. 140.	
1. PLACE OF DEATI o. COUNTY	Allegany		MARY	LAND :	o. STATE  Maryla		ed lived. If institu b. COUNT		e before	admission)
b. CITY OR TOW RURAL ond giv	'N (If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits, write	RURAL ond gi	ive near	est town)
Cumberl	and		90 days		& Frostbur	g				
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, gon Heart Hospit	give street	oddress)		d. STREET ADDRESS	Chuse	4		e.	IS RESIDENCE ON A FARM? YES NO X
-				- 11	-12 (/2110)	Stree				
3. NAME OF DECEASED (Type or print)		ura	Middle Mae		Glime	OF DEATH		iarch	Day 23	Year 1960
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			F UNDER 24 HRS
Female	White	WIDOW	3.2.	- 14	/13/86		73 yrs	s	Doys	Hours Min.
10a. USUAL OCCUP during most of	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (Sto	te or foreign o	country)	12. CITIZ	EN OF	WHAT COUNTRY
		'			Marylar	nd			IJ	S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
	Chaney					phine	Porter			
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR	service)	5-10-4383	B 44 (1)	ormant .bert Glim	ne,	25106 Tonascu	Jak Dr	ive	,
18. CAUSE OF	DEATH [Enter only one co	ouse per li	ne for (o), (b), and (c).	1					INTER	VAL BETWEEN
	DEATH WAS CAUSED BY:				stases, o	ni cin	of dita		ONSE	T AND DEATH
100	IMMEDIATE CAUSE (c		silo-oa c	me va		_	ar Sive			
177	DUE TO	,			unkn	own.			12	mos
	if ony, which (to immediate)	)(							-	
couse (o), stot	ing the under DUE TO									
lying couse le	ost.	=)							1	
PART II.	OTHER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER/	MINAL DISEAS	SE CONDITION G	IVEN IN PART		PERFORMED?
U (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury i	Port I or Po	rt II of item 18.)			
20c. TIME OF IN Hour o. p.		ar 20d. I While of wor	NJURY OCCURRED Not while	20e. PLAC foctor	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (Cit	y or town)	(C	ounty)	(Stote
alive an	that I attended the 3-23-60	deceas , 19		12 <b>-</b> 59	9 , 19 , ta_ ccurred at 12:1	190 fram	the causes a	nd an the	t saw date	the decease stated above DATE SIGNE
SIGNATURE	Eseph lu.	12	lleri	М.	62	Green	ne St.		_3=	24-60
PHYSICIAN'S NAME (Type)_	Dr. Ralph B	allin			62 Gre	en Str	eet Cu	mberl	and	Md.
220. BURIAL, CREMA		OF	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCA	ATION (City, town	, or county)	T EL	(Stote)
Burial	3-26-6	0	Fibg. Me	emori	al Park	F	rostbu	rg.		Md.
23. FUNERAL DIRECT	TOR'S SIGNATURE	-	ADDRESS			C'D BY REGIS	TRAR 24b. REC	GISTRAR'S SIG		
(AK	Mers		Frostbu	rg, M	Id . DATE	MAR 2	0 00	arthur	A. 74	iall.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2733 **CERTIFICATE OF DEATH** 

02726 Reg. Dist. No.

	n. PLACE OF DEATH o. COUNTY Allegany		MARYLAND	o. STATE	DENCE (Where dece	ased lived. If insti b. COUN			e admissi	ion)
	b. CITY OR TOWN (If outside corpor RURAL and give nearest town)		c. LENGTH OF STAY IN 18	An	TOWN (If outside co	erporote limits, writ	e RURAL ond	give nea	rest town	)
	Cumberl and		2 days		mberland					
2	d. NAME OF HOSPITAL (If not in ho OR INSTITUTION	spital, give street or	ddress)	d. STREET	ADDRESS			•	e, IS RESI	FARM?
4	Sacred He	art Hosp	ital	] '	319 Willi:	ams St.			YES	NO 🔀
1	3. NAME OF DECEASED	First	Middle	Lo	4. DAT	re A	Nonth	Day	, Y	feor
	/Type or print)	muel	Α.	Graham	DEA	тн 3		23	1	9 60
	S. SEX 6. COLOR OF	RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In year				
	Male White	WIDOWED	DIVORCED [	12/17/	90	69		Doys	Hours	Min.
	10o. USUAL OCCUPATION (Give kind of during most of working life, even if	f work done 10b. K	IND OF BUSINESS OR IN	OUSTRY 11. BIRTHP	LACE (State or foreig	n country)	12.CIT	IZEN OF	WHATC	OUNTRY?
1	Retired Linatyp		Newspaper		W.Va.			U.S	.A.	
Ī	3. FATHER'S NAME	u opi	нопораро.	-	MAIDEN NAME					
А	John A. Graha	3190		Emma	Tee Ts	rael mh	17			
	IS. WAS DECEASED EVER IN U. S. ARM	ED FORCES? 16. Se	OCIAL SECURITY NO.	INFORMANT	Lec. 15.		ddress			
	(Yes, no, or unknown) Yes W. W.		4-05-6198	Mrs . Sa	muel Gr	aham 319	Will	iam	s S	t
-	1B. CAUSE OF DEATH [Enter only			M. D. S. C. D. C.	arac I o I	AMON OF		INTE	RVAL BE	TWEEN
1	PART I. DEATH WAS CAUS	ED BY:	11 y o cardia	1 1	1			ONS	36h	
	IMMEDIATE C.	DUE TO	N 9 o ceracio	· Sugar	Clare				1011	22-
П	Conditions, if ony, which)	1	1 A 0	8. 11	1 1					
	gove rise to immediate	(b) (DUE TO	Muisella	on 14 e	and Imain				0	
	lying couse lost.	000 10								
		NT CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMINAL DIS	EASE CONDITION	GIVEN IN PAR	T 1(o) 15	9. WAS A	AUTOPSY
	PART II. OTHER SIGNIFICATION  PART II. OTHER SIGNIFICATION  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF UT STITLE OF THE STANDARD  UT STITLE OF THE STANDARD  T									RMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	20b. DESCR	RIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in Port 1 or	Port II of item 18.)				
	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH AINER)								
	S 20c. TIME OF INJURY Month, D	oy, Year 20d. IN:	JURY OCCURRED 20e.	PLACE OF INJURY	(Home, farm, 20f. (	City or town)	(	County)		(Stote)
	20c. TIME OF INJURY Month, Do	19 While	Not while of work	foctory, street, offic	e bldg., etc.)					
				10/	· * 2 *	2 10/				
П	21. I certify that I attende				-		_			
1	alive on 5.23	, 19_ <i>L</i> L	O, and that dec	th accurred at				e date		abave. E SIGNED
	ACTUAL 1 AA	00			ADDRES	S (Street, city or to	wn, store)			,
	SIGNATURE Welly	i 6 V	kunez	M.D					7-51	4-60
	PHYSICIAN'S NAME (Type) Dre In To	Imma Iame	S -		N Center	st. C	mbula	l	nd	,
1	220. BURIAL, CREMATION, 22b. DATE	THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LC	CATION (City, tow	n, or county)		(Stote	e)
	Burial Mar.	25, 1960	Sunset M	emorial	Park C	umberla	nd, Mo	d.		
1	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY RE	GISTRAR 24b. R	GISTRAR'S SI		RE	
1	H. Wayne Geor	ge, Cu	mberland,	Md.	DATE MAR 2	8 '60	Cirthun 2	1. Kra	MA	201

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH Ttem 8.Film

02727

PLACE OF DEATH o. COUNTY

OR INSTITUTION

NAME OF

DECEASED

ALLEGANY MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY

CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give peorest town BURG MIDLAND d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS MINERS HOSPITAL YES NO First Middle 4. DATE 3/12/1960 East Yeor CLARENCE E. GRAY DEATH 19

(Type or print) S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH lost birthdoy) Months Doys DIVORCED | WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? KLONDYKE.

14. MOTHER'S MAIDEN NAME

U.S.A.

Address

13. FATHER'S NAME FRANK GRAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO 17. INFORMANT

AGNES DOUGLAS

MIDLAND, MRS. 212-18-1 18. CAUSE OF DEATH [Enter only one couse per ligator (o), (b), and (c). INTERVAL BETWEEN ONSET A PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

PERFORMED? YES TI NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED While Hour o. m. Not while of work of work p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stote)

1960 to Mar-12 1960 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from A. 19 60 and that death occurred sow the deceosed olive on the couses and on the dote stated obove. 22o. SIGNATURI

ATTENDING

PHYS

M.D. 22c. PHISICIAN

22d. ADDRES

MED.
DIRECTOR

23h DATE THEREOF 23a. BURIAL, CREMATION,

EICHHORN

23c. NAME OF CEMETERY OR CREMATORY LAUREL

LOCATION (City, town, or county)

STAFF PHYS.

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

GEORGE

LONACONING.

250. REGIDARY REGISTRAF

25b. REGISTRAR'S SIGNATURE

the funeral should be fi 2 .= cample pup physician 9 attending ā and þ permit. gned has been si burial-transit attending physicion. 0 cremotian, After this ERAL DIRECTOR: 0

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

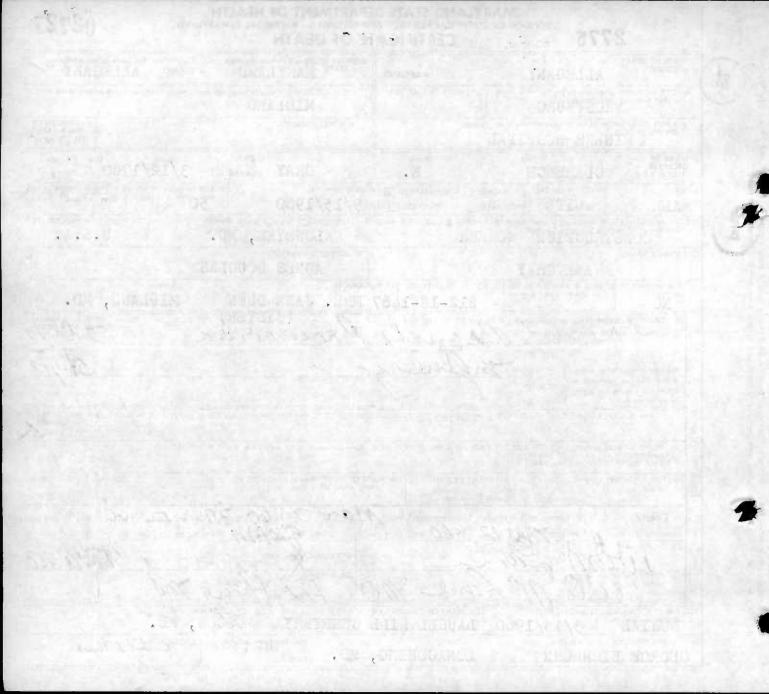
haurs after death. Page

24

within

filed

VR A1S (4) 1SM 9/59



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		644	4	CERTI	FICATE	OF D	EATH						
1.	PLACE OF DEATH o. COUNTY	ALLEGANY		MA	RYLAND 2.	USUAL RESI o. STATE	MARY		lived. If instituti b. COUNTY	- 400	LEG		ion)
	FROSTI	utside corporate limits. BURG	write o	c. LENGTH OF STA		c. CITY OR		TBUR	rote limits, write R	URAL one	d give ned	arest town	)
	d. NAME OF HOSPITAL OR INSTITUTION E	(If not in hospital, give MAIN ST	e street ad	ldress)	1	d. STREET A		E. M.	AIN ST.				IDENCE FARM? NO [X]
	NAME OF DECEASED (Type or print)	SIMEON		Midd W.	lle	GREE		4. DATE OF DEATH	MARCH	ith	23,	,	Yeor 19 60
1	MALE	WHITE	VIDOWED	_	CED []	JAN.	4, 18	/	9. AGE (In years lost birthdoy) 69 yrs.	Months	Days	Hours	Min.
Z.	during most of working SELF-EMPLO FATHER'S NAME	life, even if retired)	1		NER		RYLAN	D	ountry)	12. C		S.A.	OUNTRY?
	BENJAM	IN H. GR				J		EIR					
	WAS DECEASED EVER I	N U. S. ARMED FORCE	inal	2-32-83			ILLIA	N GRI	EEN, FR		BURG	, MI	).
		WAS CAUSED BY: MMEDIATE CAUSE (o)_	e per line	for (0), (b), and (	e).]	of.	Sta	mea	ch		INT ON:	ERVAL BE	TWEEN DEATH
	Conditions, if ony gove rise to imm couse (o), stoting the lying couse lost.	nediote DUE TO											
ICATION		) (c)_ SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO E	EATH BUT NO	OT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION GIV	/EN IN P/	ART 1(o) 1	PERFO	AUTOPSY PRMED?
CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI	CAUSE OF DEATH	0b. DESCR	RIBE HOW INJURY	OCCURRED. (E	Enter noture o	of injury in P	ort 1 or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJ While of work	Not while	20e. PLACE foctory	OF INJURY (	(Home, form, e bldg, etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify that saw the deceased												
	220. SIGNATURE	wow.	208	HEin	her M.D	ATTENDIN PHYS.	IG ME		STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S NAME (Type)	ARTIN RO	THST	EIN, M.	D.	BRO	SESS DADWA	Υ	FRO	STBU	IRG.	MD.	
230	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	3-26-60		23c. NAME OF CE					Ostburg		')	(Stot	,
24.	FUNERAL DIRECTOR'S	DWEST	-	ADDRESS FROSTBU	RG, MI	D.		BY REGIST 2 8 '61		STRAR'S			

the funeral directar, shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page the ottending physician and campletel.
Then please remave carbon paper. Pand in any event, within 72 haur. o burial, cremation, or remavol, for use as the burial-transit permit. May be retained by the hospital ar attending physician.

IERAL DIRECTOR: After this certificate has been signed as should be detached for use as the burial-transit permi TO HOSPITAL OR VR A15 (4) 15M 9/59

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\*\* THE COURSE PROPERTY CALLEY. ENGLISHED, ST. . The modern and the state of t

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

02729

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

3

1. PLACE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO REAL DIRECTOR: After this certificate has been signed by the attending physician and completely red in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Provide the standard for use as the burial-transit permit. Then please remove carbon pages. Provided the filed with the State Board of Health provided the remotion, or removal, and in any event, within 72 hours.

VR A1S (4) 1SM 9/S9

o. COUNTY ALLEGANY		MARY	LAND	" MARYL	AND		b. COUNTY	ALLE	GANY	
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	nits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOW	N (If outside i	corporote	limits, write I	RURAL ond	give neares	st town)
CUMBERLAND		3 DAYS		× CUMBE		Rt.	# 5			
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street o	oddress)		d. STREET ADDRI						IS RESIDENCE
MEMORIAL HOSPITAL				Triple	Lake	S			Y	ES NO A
DECEASED	irst	Middle		Lost	4. D/	F	Мо	nth	Day	Yeor
(Type or print) GE		Washingt		MARPER	DE	ATH	0 00	ARCH_	28	19 60
		ED NEVER MARRI		DATE OF BIRTH		9. A	GE (In years	Months	_	UNDER 24 HRS.
MALE WHITE	WIDOWE	44		JUNE 5,	1883		76 yrs			
0a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire RETIRED labore	done 10b. I	CIND OF BUSINESS C	OR INDUSTR					12. CIT		'HAT COUNTRY?
	er WYC	CKOFF STEE			Y CO.,	W.VA	•		U.S.	Α.
3. FATHER'S NAME WILLIAM HARPER				14. MOTHER'S MAI		~ • •				
	I.				Rôbiso		014 0 14			
(Yes, no, or unknown)  (Yes, no, or unknown)  (Yes, no, or unknown)  (If yes, give war or dates of	service)	SOCIAL SECURITY NO	100	ORIAL HOS			CK & A			
18. CAUSE OF DEATH [Enter only one of	ouse per lin	for (o), (b), and (c).	]	1/27	-			(	INTERV	AND DEATH
PART 1. DEATH WAS CAUSED BY:	0)	Monne	Dag	HUM	4	- 1	Ven	ua	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
592 X DUE T	_		70							
Conditions, if ony, which	ъ)									
gave rise to immediate DUET	0 0									
lying couse lost.	(c)			A		A				
PART II. OTHER SIGNIFICANT CO	NOITIONS C	ONTRIBUTING TO DE	ATH BUT	RELATED TO THE	TERMINAL DI	SEASE	PINE LION GI	VEN IN PAI	RT 1(o) 19.	WAS AUTOPSY PERFORMED?
3 Willio	200	were,	U	Monso	- Ou	RM	les		Y	ES NO
PART II. OTHER STUTIFICANT CO	4	RIBE HOW INJURY &	CCURRED.	Enter noture of inju	ury in Port I o	Port II o	f item 18.)			
20c. TIME OF INJURY Month, Doy, Y Hour o. m. 19. m.		JURY OCCURRED		E OF INJURY (Home		(City or t	own)	(	(County)	(Stote)
Hour o. m.	While of work	Not while of work	rocto	y, street, office bld	g., erci		2-0		10	
21. I dertify that (I) (this haspite	al) attend	ed the Herensed	from 2		1900	da.	7-20	19	that	(I) (we) last
saw the deceased alive an	27/11			th accurred at	3:30	ram the	causes a	nd an th		
220. SIGNATURE	7	1	0	1						22b. DATE
I I TO WHAT XX	T	HARA	et M.	D. PHYS.	MED.	R P	TAFF HYS.			3/28/
22c. PHYS CIAN'S NAME (Type)	-	0	1	22d. ADDRESS		1		1	11	
DR. HOWARD	L. T	OLSON	,	CUI	n Der	-10/	W. W.		U	4
						OCATION	(City, town,	or downtry)	- 1/1	(Stote)
23a. BURIAL, CREMATION, 23b. DATE THERE	OF	23c. NAME OF CEN	ETERY OR	REMATORY	230, 1	CCATION	(City, IOWII,	or gounty)		(210.0)
BENCYAL (Specify) 3/30/6				emetery			kley,			(3.0.0)
	0		ley C	emetery		ewic	kley,		na.	(3/3/6)

Jeword "pending" in pencil in Item 1, within 24 hours often of a word "pending" in pencil in Item 1, Give Pages 1. The result of the olding with farm PM. Page 5 may be resulted be used as a buriol-transit permit, File pages

FPUTY MEDICAL ... re the certificote, w. rworded to the Chie or removol.

> VS. A15ME(5) 5M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02730

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY MARYLAND Allegany Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS YES NO KY 16 So. Lee Street 16 So. Lee Street NAME OF Middle 4. DATE First Month Day Year DECEASED Alexandria (Type or print) DEATH HASLACKE 31 19 60 MARTE March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours 79 WIDOWED | DIVORCED T Oct. 12.1880 Female White 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife W. Va. U. S. A. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. Parks Abel Rebecca Judy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Anthony Haslacker, 16 S. Lee St. No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY sudden Coronary occlusion IMMEDIATE CAUSE (o) **DUE TO** coronary sclerosis Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES | NOXX 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work D. m 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection V. Inquiry . and find that Accident , Suicide , Hamicide , Undetermined cause . death resulted from: Natural causes X. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER March 31, 1960 NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Apr. 3. 1960 Buria Hillcrest Burial Park Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cumberland. Md. Wayne George. arthur I Kenya

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ed in by the funeral director, I and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

**TERAL DIRECTOR:** After this certificate has been signed by the attending physician and camp<sup>1,24</sup> (ERAL DIRECTOR: After this certificate has been signed by the attending physician and camp<sup>1,24</sup> 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pape<sup>1,24</sup> State Board of Health pirely buriol, cremation, ar remaval, and in any event, within 72-haury and 1,000 and 1,000

the State Board of Health p

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02731

	PLACE OF DEATH					2. USUAL RES	DENCE (WH	nere deceased	lived. If institution	on: Residence be	fore admis	sion)
· ·	ALLEG	ANY		MA	RYLAND	a. STATE MARY	LAND		b. COUNTY	EGANY		
'	b. CITY OR TOWN (II RURAL and give ne	f outside carporate limi arest town)	ts, write	LENGTH OF ST	AY IN 1b	c. CITY OR	TOWN (If o	utside corpora	ite limits, write R	URAL ond give r	egrest tow	n)
	CUMBERLAN			150 DAYS		<b>CUMBER</b>						
M	L NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS				e. IS RE	SIDENCE A FARM?
		WARWICK AV				RT. #3	, BEDF	ORD RO	AD			NO
	NAME OF DECEASED	Fir		Mide	dle	lo	st	4. DATE OF	Mon	th	Day	Yeor
	(Type or print)	GRA	CE	W.		HENDRI	CKSON	DEATH	MARCH			1960
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED 🔀 NEVER MAR	RRIED _	B. DATE OF BIRT	Ή	9	. AGE (In years last birthday)	Months Day		1
	FEMALE	WHITE	WIDOW	ED DIVOR	CED 🗌	FEBRUAR	RY 22,	1881	79 yrs.	Months Day:	Hours	Min.
10o	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State	or foreign cau	intry)	12. CITIZEN	OF WHAT	COUNTRY
	HOUSEWIE			WN HOME		PEI	VNSYLV	ANIA		U.S.	A -	
13.	FATHER'S NAME					14. MOTHER'S			10.01		-	
	JO	HN WIGFIEL	0			VII	RGINIA	HARTS	OCK			
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17. II	NFORMANT	101117	LIVINIO	Add	ress		
(Ye	NO (	If yes, give war ar dates of s	ervice)	NONE	ME	MORIAL I	HOSPIT	AL - C	UMBERLAN	D, MARY	LAND	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	of for (0), (b), and	(c).]		1	2 0	1		ITERVAL B	
	PART I. DEA	TH WAS CAUSED BY:	F	ertora	ted	Gal	PPE	redd	2	0	SET AND	DEATH
	594	DUE TO	-	200		,	0	000	7			
	Conditions, if or	ny, which )	. (	118-101	esi	test	Cho	elill	uare		100	10
	gove rise to in	mmediote (		2000		. 0,00		- 007		>	/	
	lying couse last.	the under-										
Z		IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	FN IN PART 1(a)	19. WAS	AUTOPSY
CERTIFICATION	Hypertens	seve + at	no	ulesta	Can	Leova	sew	av 1	Disea	e	PERFO YES _	ORMED?
ERTIFI	200. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature	of injury in	Part I or Port	II of item 1B.)	2 2		
1					l							
MEDICA	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. I	NJURY OCCURRED		ACE OF INJURY			or town)	(Count	у)	(State
ME	p. m.	19	of wor					d				
	21. I certify tha	t (I) (this haspital	) attend	ded the decease	ed fram.		12	96. ta_	3/25	1969	that (1)	(we) las
	saw the deceas	ed alive an	7/2	5 19 60 a	nd that	death accurre	d atl:4	ON AMm t	he causes ar	d an the da	te state	d abave
	22a. SIGNATURE	2					1					2b. DATE
	+01	new	u	auli	_	M.D. ATTENDIN	D	ED.	STAFF PHYS.	3	131/6	SIGNE
	22c. PHYSICIAN'S NAME (Type)	DR. S. G. 1	JE LON	ta M		22d. ADDI		. C-	C. 6	la. 1	111	1
				PAIN		13/0	nee	10 11	Miller	www.		0
230	BURIAL, CREMATIO REMOYAL (Specify)	N, 23b. DATE THEREC	OF .	23c. NAME OF C	EMETERY C	OR CREMATORY		23d. LOCATI	ON (City, town,	or county)	(Sto	ite)
	Burial	3/27/19	60	P.O.S.	of ,	A. Ceme	tery	Cent	trevill	e, Pa.		
24.	FUNERAL DIRECTOR			ADDRESS			25a. REC'	D BY REGISTR	AR 25b. REGI	STRAR'S SIGNA	TURE	
	Byron	Kight	Cumb	erland,	Md.		DATEDO	A '60	and	wo S. Krai	A	3 19

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2772

	H 4	13	CERTITI	CAIL	OI DEA			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	egany		MARYLAN	0.	STATE STATE	-7-1-5-	ed lived. If institut b. COUNT	Y	nce befo	re admissi	on)
RURAL ond give ne	f outside corporate limit carest town)	s, write c. LEN	NGTH OF STAY IN 1	lb c.	CITY OR TOWN		porate limits, write	RURAL and	give nec	arest town	)
OR INSTITUTION	AL (If not in hospital, gi		)	/ d	STREET ADDRES	s Street	<b>.</b>				IDENCE FARM? NO
3. NAME OF DECEASED	Firs		Middle		Last	4. DATE	Mo	onth	Do	y )	Year
(Type or print)	KATE		ENTINE	1	ERRON	DEAT	3/49	/196		_	19
Female	6. COLOR OR RACE	WIDOWED	DIVORCED	-	E OF BIRTH L2/1887		9. AGE (In years lost birthdoy) 82 yrs	Months	Days	Hours	Min.
man -	ing life, even if retired)	one 10b. KIND (	OF BUSINESS OR IN	DUSTRY 1						F WHAT C	OUNTRY
HOUSE  13. FATHER'S NAME	WILE			14	Lonac MOTHER'S MAIDE		MD.	U	S.	A.	
	liam Bell						nitefiel	ld			
IS. WAS DECEASED EVER		ES? 16. SOCIAL	SECURITY NO.	INFORM	ANT		Ade	dress acon	ing,	MD	
Conditions, if or gove rise to in couse (o), storing lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ny, which (b)	Sitions contri	ENUL BUTING TO DEATH	BUT NOT R	ELATED TO THE TE	ERMINAL DISEA	SE CONDITION GI	IVEN IN PAI	RT 1(o) 1	PERFO	AUTOPS) RMED? NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCU	RRED. (Ente	r noture of injury	in Port I or Po	ort II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea 19		lot while	PLACE OF foctory, s	INJURY (Home, reet, office bldg.,	form, 20f. (Ci	ty or town)		(County)		(Stote
actual signature Physician's NAME (Type)	well attended the way of the way	C far	am. Mu 2, and that dec			M, fram ADDRESS, Def h	Street, city or town	nd an th		stated	
220. BURIAL, CREMATIO PEMOVAL (Specify)	3/27/1	960 0	ak Hill	-	etery	Lor	ATION (City, town,	MD		(Stote	2)
23. FUNERAL DIRECTOR'S		A	ACON ING	, MI		AAR 2 8 '6		Thun S.			

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CERTIFICATE OF DEATH

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02733

Pag Dist No

6434	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/d. STREET. ADDRESS  o. 15 RESIDENCE ON A FARM?
120 Humbird Street	120 Humbird Street
3. NAME OF DECEASED (Type or print) ROBERT HO	OBELL Lost A. DATE Month Day Year OF DEATH March 11 19 60
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1  male White WIDOWED 1 DIVORCED	Dec. 15, 1913  9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HR  objective of the day) and the day of the day
0a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)  Foreman  C & A GAS CO.	USTRY 11. BIRTHPLACE (Stote or foreign country)  VALE SUMMIT, MARYLAND  12. CITIZEN OF WHAT COUNTRY  USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT HOBELL	ANNIE HARRIS
	INFORMANT 120 Hembird Street
(Yes, no, or unknown) (If yes, give war or dates of service) 214-05-7879 Mr	s. Mary K. Hobell Cumberland, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute left ventr	ricular failure INTERVAL BETWEEN ONSET AND DEATH immediat
Conditions, if ony, which)  Conditions, if ony, which)  DUE TO  Conditions, if ony, which)	nyocardial infarction 62 days
gave rise to immediate couse (a), stating the under-	sclerosis, myocardial fibrosis ?
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO E
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Port II af item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED You for many 19 While Nat while of work of work of the feature of th	PLACE OF INJURY (Hame, form, octory, street, office bldg., etc.)
	th accurred at 1:25 M, fram the causes and on the date stated above ADDRESS (Street, city or town, state)  DATE SIGNIE
SIGNATURE James Jacoban	M.D. 3/14/60
PHYSICIAN'S NAME (Type) SAMUEL 4. JACOBSON, M.D.	1 30 Pershing St. Cumberland, Maryland
226. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3/14/60 Sunset Mem.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland	DATEMAR 1 6'60 Orthur S. Krown

ed in by the funeral directar, I and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 be retained by the haspitol ar attending physician.

ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely a should be detached for use as the burial-transit permit. Then please remave carban paper. P se as the burial-transit permit. Then please remave carban paperiation, or remaval, and in any event within 72 hours are, death use as the burial-transit permit. he registrar priar ta burial 10 VS A15 (4) 15M 9/5B

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2738	CERTIFICATE	OF	DEATH	
		17.15		۰

		~ 10:						reg. Dist. No.	
PLACE OF DEATH     O. COUNTY	Allegany		MARYLAN	O STATE	Mary		ived. If institution: b. COUNTY	Residence befo	
b. CITY OR TOWN ( RURAL and give in Cumber		ts, write	7/15/59	16 c. CITY OF	-	outside corporor	te limits, write RUR	AL ond give ned	arest town)
d. NAME OF HOSPI OR INSTITUTION	Allegany	10.055		d. STREET		Bealle	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fii J⊕S	sie	Middle Viola	Hoeni	ost cka	4. DATE OF DEATH	March	17	10
5. SEX Female	6. COLOR OR RACE White	7. MARRII	DIVORCED		тн <b>/1881</b>			Months Days	Hours Min.
None	DN (Give kind of work king life, even if retired	done 10b. K	IND OF BUSINESS OR IN	Cumb	erla	nd, Ma		U. S	• A •
13. FATHER'S NAME	hristophe	n Wo	and also	14. MOTHER		A Hess			
15. WAS DECEASED EVE		CES? 16. S	ocial security no.	INFORMANT T	.0.B	ox 599	Addres nfirmar		rland,M
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate (	Ch.	ronic remie	my &	ca	rdet	esis.	6	SET AND DEATH
CATIC	HER SIGNIFICANT CON	DITIONS CO	NOTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TER	MINAL DISEASE (	CONDITION GIVEN	IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAR	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Enter noture	of injury in	n Port I or Port I	of item 18.)		
20c. TIME OF INJUF Hour o. m. p. m.	Y Month, Doy, Ye	20d. IN. While of work	_ Not while	e. PLACE OF INJURY foctory, street, off			r town)	(County)	(Stote
ACTUAL SIGNATURE	to 1 attended the 16/60	3. (	, and that de	M.D. 149	7:00 Gree	AM, from the ADDRESS (Street	et, city or town, sto	an the date	
220. BURIAL, CREMATIC BREMOVAD (Specify)	Mar 19		22c. NAME OF CEMETER			22d. LOCATIO	on (City, town, or erland,	county) Md.	(Stote)
23. FUNERAL DIRECTOR Byron		Cum	ADDRESS berlandm	Md.		C'D BY REGISTRA		RAR'S SIGNATUR	

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U. S. A.	Sumberland, Maryland			encli
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MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2779	CERTIFICATE	OF	DEATH	De

02735 Rea. Dist. No.

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1. PLACE OF DEATH a. COUNTY	llamany	1	MARYLAN	a. STATE			lived. If institu b. COUNT	Υ			sian)
	I legany I (If autside carporate limi nearest tawn)	ts, write	c. LENGTH OF STAY IN 1	b c. CITY O		rland autside carpor	ate limits, write		llegs d give nea		m)
Frost			DOA	dd	Fros	thurg					
	PITAL (If nat in hospital, o	jive street	address)	d. STREET	ADDRESS	- coure				ON	SIDENCE A FARM?
Miner	s Mosnital			24	West C	oller	e Aven	ile.		YES [	NON
3. NAME OF DECEASED (Type or print)	CHARLES		Middle		Last	4. DATE OF DEATH	M	onth _	Day	у	Year
5. SEX		3	WALTER F	B. DATE OF BI		1	9. AGE (In year	IF UND	ER I YEAR	IF UND	-04
J. JEK	O. COLON ON NACE						last birthday)	Manths	7	Haurs	Min.
Male	White	WIDOWE				1904	55 yr	s.			
Self 1  13. FATHER'S NAME  WILLIAM	ITON (Give kind of work orking life, even if retired Employed  C. HUNTER  VER IN U. S. ARMED FOR  If yes, give wor or dates of s	Sand		14. MOTHER	stburg R'S MAIDENT IETTA	Mary MICHAI	yland EL 24 W	eest (	USA	ege	Ave
Canditians, if gave rise ta cause (a), statin lying cause las	immediate DUE TO	)								~~	
CATIC	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION	IVEN IN PA	ART 1(a) 1	9. WAS PERFO YES	ORMED?
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter nature	e of injury in	Part I ar Part	II af item 18.)				
W 20c. TIME OF INJI Haur a. m	1.	While	NJURY OCCURRED 20e.  Nat while k at wark	PLACE OF INJUR' factory, street, aft	Y (Hame, farm fice bldg., etc	n, 20f. (City	ar tawn)		(Caunty)		(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S	that I attended the	196	and that de		7	ADDRESS (Str	the causes of	and an ti	he date	state DA	TE SIGNED
22a. BURIAL, CREMAT REMOVAL (Specif			22c. NAME OF CEMETER				Frost			ryla (Sto	
Burial 23. FUNERAL DIRECTO	3/6/60		Frostburg M	lem. Parl		Frost		aryla	-Z	RE	
-0	AFER, CUMBE	DT.ANI									
O IMI	or rared OOLIDIA	V CHILLY LA 1	, L'arte l'Intian		DATE	MAR 1 0'	00	arthur	A. 74	Alla	

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		. of publication	-osynyr - Isirad
		DARLING ,	District Annual Property of Contract of Co

CERTIFICATION

23a. BURIAL, CREMATION, REMOVAL (Specify)

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

1131011 01	SIMILAND KESENKOII MIID	KECOKD.	
2730	CERTIFICATE	OF [	DEATH

	2	730	CERTIFI	CAT	E OF DEATH	BALL		US	102	3	
1. PLACE OF DEATH o. COUNTY	LLEGANY		MARYL		O. STATE MARYLA	ND	d lived. If institution b. COUNTY		LEGA		on)
b. CITY OR TOWN ( RURAL and give n  CUMBER L	If outside corporate limi earest town) AND	ts, write	c. LENGTH OF STAY IN 8 DAYS	V 16	c. CITY OR TOWN (IF O		prote limits, write R	URAL and	give nea	rest town	)
d. NAME OF HOSPI ORMSTROMOM MEMOR I A	C'HOSPTTALS L & WARWICH	AVES	oddress)		d. STREET ADDRESS 532 BROAL	DWAY (	CIRCLE				PARM?
3. NAME OF DECEASED (Type or print)	Fir WAF	REN	Middle B.		Last HYSON	4. DATE OF DEATH	MARC		31		rear 19 60
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	D DIVORCED	_	MAY 2,1912		9. AGE (In years last birthdoy) 47 yrs.	Months Months	Days Days	Hours Hours	R 24 HR Min.
	king life, even if retired		kind of Business OR postal cler		ELKINS, 1	-	ountry)		IZEN OF	WHATC	OUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						180
WINLIE	LD HYSON				MARTH	4 HELM	TICK				
Ves. no. or unknown)			SOCIAL SECURITY NO.	17. INFC	RMANT		Add	ress			
Yes	(If yes, give war or dates of s		4-12-2903	MEN	MORIAL HOSPIT	TAL	CUMBE	RLAND	,MD.		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	/	e for (o), (b), and (c).]	The	prendid	- Dy	arte	`		RVAL BET	
Conditions, if a	mmediate	)		0		y					
source (a) station	AL DUE TO										

lying couse lost. (c). WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) Month. Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc. o. m While Not while at wark p. m. at wark 21. 1 certify that (1) (this haspital) attended the deceased fram 1960 50BM fram the causes and an the date stated abave. saw the deceased alive an and that death occurred 22a. SIGNATURE SIGNED

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. WEISMAN DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)

60 West. Rurial ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR Ruth E. Silcox Cumberland DATE APR 11

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may be retained by the hospital ar attending SS TO HOSPITAL OR ATTENDING PHYSICIAN: TI may be retained by the hospital ar attending SS TO HERAL DIRECTOR: After this certificate has a shauld be detached for use as the burt

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Allegany b. COUNTY MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 806 Greene Street Allegany County Infirmary YES NOT 4. DATE NAME OF First Middle Month Day Year DECEASED Ireland DEATH Angus March (Type or print) 19 60 9. AGE (In years last birthday)

7 yrs. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX Manths Days Male White WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Supt. Mails nt U. S. Gustoms Lonaconing, Maryland U. S. A. 13. FATHER'S NAME Walter Ireland Martha Lumsden INFORMANT P. O. BOX 599 Address Cumberland. Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Allegany County Infirmary Records No. None 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. Hour o. m. While Not while at work at wark 21. I certify that I attended the deceased fram. \_\_, 19\_\_\_,that I last saw the deceased \_\_, and that death accurred at 7:05 PM, fram the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Greene St. SIGNATURE James E. McLean Cumberland, Md. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Cumberland, Maryland 3/7/60 Rose Hill Cemetert Burial 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR Cumberland, Maryland H. Wayne George DATE MAR 8 160 arihun & Thous

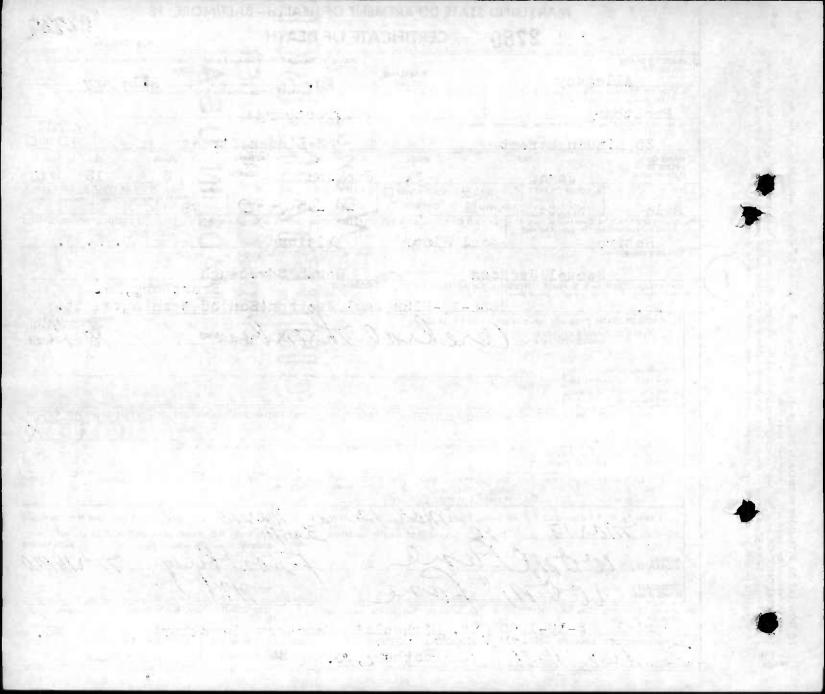
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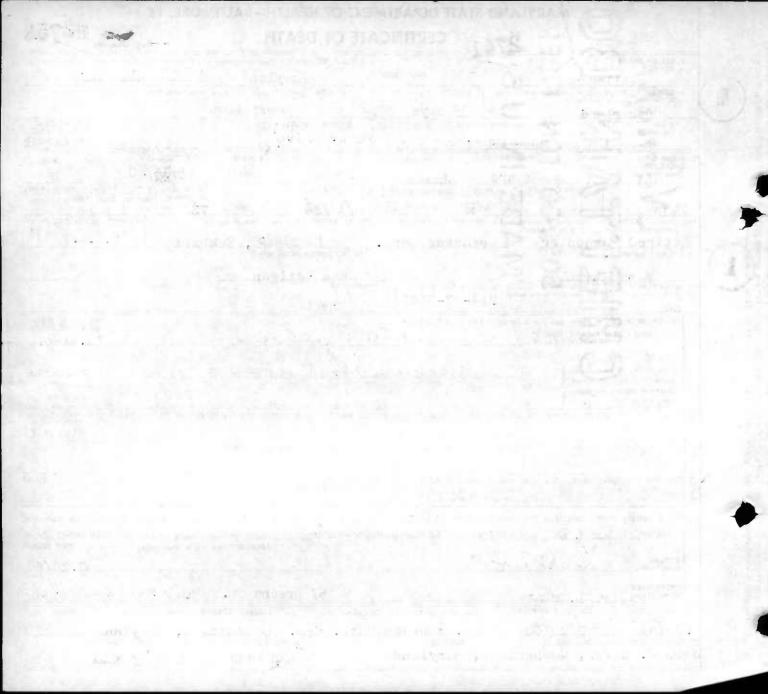
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<		OR INSTITUTION	TAL (If not in hospital.		ess)		d. STREET A		en Si	treet	, Ja	ON	ESIDENCE A FARM?
		NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE OF	Mon	th	Day	Year
	_	(Type or print)	James	1-	F.		Jackson		DEATH	3	I	13	19 60
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	10a	. USUAL OCCUPATI	ON (Give kind of work	done 10b. KIND	OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (Stote o	or foreign co		12. CITIZEN	OF WHAT	COUNTRY?
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	13.	FATHER'S NAME	100	T COat.	T MILLIGIT		14. MOTHER'S		AME		1	O. E	
1			Camara 7 T	]=			Cana	h Ca		a colo			
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0	CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	20b. DESCRIBE	RIBUTING TO DEA						'EN IN PART 1(	PERF YES	FORMED
	MEDICAL C	20c. TIME OF INJU Hour o. m. p. m.	Y MEDICAL EXAMINER) RY Month, Doy, Yo	While	Y OCCURRED  Not while of work		CE OF INJURY (I ory, street, office			or town)	(Coul	nty)	(Stote)
,	220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	1960 Pal		- *	1.D	Fr	M, fram ADDRESS (St	the causes an peet, fily or town,	d an the d	ate state	
		REMOVAL (Specify Burial	2000000	-		aels	s's Cen			rostbur	g	1	Md.
	23.	EUNERAL DIRECTO	R'S SIGNATURE HA	er Fu	CADORESS H	ome			BY REGIST	RAR 24b. REGI	STRAR'S SIGNA		
	7	Least -	N. Mar	lingl	Frost	burg	g, Md.	DATEMAR	1 7 '60	an	Chur S. Kr	ALLA	117

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		MARYI	274	STATE DEPA		ATE OF D			TIMORE, 1	Reg. Di	st. No.	02	738
1.	PLACE OF DEATH o. COUNTY	l o d o m v		MARY	<b>CLAND</b>	o. STATE	ence (wh Mary)		d lived. If institution b. COUNTY		ce befor		ion)
	b. CITY OR TOWN ( RURAL ond give n	legany If autside corporote limi eorest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	H-			prote limits, write RI		_	_	)
	Cumber			15 days		X	Cre	espato	wn				
0	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, a		oddress)		d. STREET AL McKay Dr			7/07	/00-			FARM?
3.	NAME OF DECEASED (Type or print)	Fir		Middle		Last V am and		4. DATE OF DEATH	3/23/ Man	160	Day		Year
6	SEX		ward	James		Kamauf		DEATH	-/ 20	IF UNDER	1 VEAD		19 19 24 HBS
Э.	SEX	6. COLOR OR RACE		RIED NEVER MARRI		B. DATE OF BIRTH			9. AGE (In years last birthday)	Months	Days	Hours	Min.
_	Male	W	WIDOW	34		4/12/86	-		73 yrs.				
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		arpenter	-	elanese Co	orp.	Ma	rylar	nd E	ckhart		U.S.	A.	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
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	. WAS DECEASED EVI	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 1	NFORMANT	GETE	au	Addr	ess	-		
()	'es, no, or unknown)	(If yes, give war or dates of s	ervice 2	14-07-5749	9	Chart							
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	lying couse last.		1										
CATION	PART II. OT	HER SIGNIFICANT CON	,	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	AUTOPSY RMED?
CERTIFIC	20a. ACCIDENT W.	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in I	Port I ar Par	rt II af item 18.)				
			- 000 1		20. 51	ACE OF INTEREST		200 (5)					10.
MEDICAL	Hour o. m.		While	NJURY OCCURRED  Nat while	fo fo	ACE OF INJURY (H ctory, street, affice	bldg., etc	.)   20f. (City	y or town)	(0	County)		(Stote)
ME	p. m.	19		k ot work			8-1		The same and the	5 II.	-270		
	21. I certify t	nat I attended the	deceas	ed from 10-	-15	- , 19 54	. to 3	- 15	- , 19 leg.	that Lla	ist sniw	the d	erenser
	alive on	5-15	10/		dagel		,		the causes an				
	dive di	1 /	, 122	_e, dia mai	ueun	decorred di_			treet, city or tawn,		date		E SIGNED
	ACTUAL	7 1600	7					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
	SIGNATURE	10/01	200		-	M.D					A	3.2	6/60
	PHYSICIAN'S NAME (Type)	r. I.Brings	5			57_	Gree	ne St	· Cum	hul	en	ol h	ld
22	O. BURIAL, CREMATIC		)F	22c. NAME OF CEM	ETERY C	R CREMATORY		22d. LOCA	TION (City, town, o	or county)		(Stot	e)
	REMOVAL (Specify Burial	3/28/60		St. Ambro	250	Cath. Co	m .	Cress	ntown M	anul	and		
-	. FUNERAL DIRECTOR		7.00	ADDRESS	7.5			D BY REGIS				RE	
J	ohn J. Ha	fer, Cumbe	rlan	d, Marylar	nd			3 0 '60		wa 8 t	Yana A		9
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH 2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest fours)  Cumberland,	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  Rawlings,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  D. O. A. Sacred Heart Hosp.	Nr. Rt. # 220 at Rawlings, ves No No
3. NAME OF First Middle  (Type or print) Theodore Ellsworth	Kasecamp A DATE Month Doy Year March 28, 1960
	DATE OF BIRTH Sept. 11, 1881  9. AGE (In years IF UNDER 1/EAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired Brakeman  B. & O. Rwy.	RY 11. BIRTHPLACE (Stole or foreign country) Green Ridge, Md.  12. CITIZEN OF WHAT COUNTRY? U. S. A.
John M. Kasecamp	14. MOTHER'S MAIDEN NAME Nettie L. Stott Md
(Yes, no. or unknown) (If yes, give wor or dates of service)	Address Mt. Rainier, s. Mary F. Lechliter 3701 Perry, St.,
S/2 X DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO  Conditions, if ony, which (b) Struck by Auto  DUE TO  (c)	ck (2nd Cervical)  Onset And Death 5-10Min.
CATIC	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Footback To work 7 200 P. mMars 28 19 60 of work 1 of work 1 Rt.	ve, held an Autapsy X, Inspection X, Inquiry X, and find that cide , Homicide , Undetermined cause .
SIGNATURE Descolet Skitarelia	_M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER
NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER March 28, 1960
220. BURIAL CREMATION, REMOVAL (Specify) Burial 3/31/60 22c. NAME OF CEMETERY OR Hillcrest B	urial Park Cumberland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Wayne George Cumberland, Md.	DATE ADR 1 160 Cultury S. Kraus

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

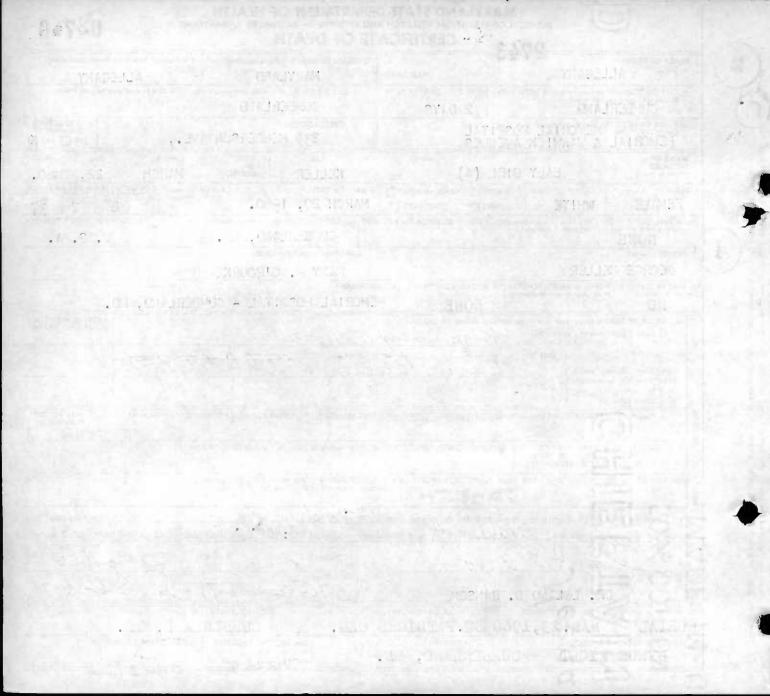
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	PLACE OF DEATH o. COUNTY AL	LEGANY	30	MARYL		o. STATE	NCE (WH		d lived. If institution b. COUNTY		before odn	nission)
	b. CITY OR TOWN (I RURAL and give no CUMBER	f outside corporate limi earest town) LAND	ts, write	c. LENGTH OF STAY IN		17	WN (IF o		rote limits, write R	URAL ond giv	re nearest to	wn)
	d. NAME OF HOSPIT OR INSTITUTION MEMOR I AL	AMEMORTAL S	HOSP1	TAL"		d. STREET AD		NDERS	ON AVE.,		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	BABY	GIRL	Middle (A)		KELLE	R	4. DATE OF DEATH	Mon MAR		Day 22,	Year 1960.
5.	FEMALE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRIED  DIVORCED		ARCH 20	, 19	60.	9. AGE (In years lost birthday) yrs.			DER 24 HRS
100	during most of work	DN (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY			or foreign o		12. CITIZE	U. S.	A .
1/3.	FATHER'S NAME				1	14. MOTHER'S A	AIDEN N	IAME				
	GEORGE K	ELLER					M. 0	ROUR				
		R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	NONE	17. INFO		IOSP I	TAL -	CUMBERLA			
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	espivato	ny 1	Failur	2				INTERVAL ONSET A	BETWEEN ND DEATH
	762	, 5 DUE TO	,		1	2	1.7	NO.	11.0			
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ATION	PART II. OTI	HER SIGNIFICANT CON		CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO 1	HE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PER	AS AUTOPSY FORMED?
CERTIFICATION	20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (I	Enter noture of	injury in f	Port I or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. It While ot worl	Not while		OF INJURY (He y, street, office t			y or town)	(Co	unty)	(Stote
	21. I certify the	at (I) (this haspita	1) attend	led the deceased f	ram2.	20Mercl th accurred	1_ 12	of fram	the causes an			) (we) last
1	220. SIGNATURE	Con M	au	son	M.D	ATTENDING PHYS.	MI MI		STAFF PHYS.	23M		22b. DATE SIGNED
	72c. PHYSICIAN'S NAME (Type)	DR. LELAND	B. R	ANSOM		22d. ADDRES	5700	eno {	M.C	me Ro	Can	Q, Ms
23c	BURIAL, CREMATIC			23c. NAME OF CEMET ST. PATRIC		CEM.			TION (City, town, BERLAND		(5	itote)
24.	FUNERAL DIRECTOR BYRON	S SIGNATURE		ADDRESS BERLAND, I	MD.		250. REC'I	D BY REGIS		STRAR'S SIGN	NATURE	
=	A 1 1						N/A	6 6 6	C.	1 J. 10	ralls	

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND OTAL CERTIFICATE OF DEATH 2744

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	1. PLACE OF DEATH  o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased live	d. If institution b. COUNTY G	n: Residence befo	ore admission	1)
	RURAL and SIKROSSY TRIAN	DAYS	CUMBERLAND.	utside corporate	limits, write RU	RAL and give ne	arest town)	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL, MEMORIAL & W.	AVES.	d. STREET ADDRESS  239 HENDERSO	N AVENU	E		e. IS RESIDE ON A FA YES N	ARM?
- 1	3. NAME OF First DECEASED	Middle	Last KELLER	4. DATE OF DEATH	MARC			or 60
	5. SEX MALE 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YEAR		
	10b. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during moving life, even if retired)	F BUSINESS OR INDUST		or foreign countr	γ)	U.S.A	F WHAT COL	UNTRY?
	13. FATHER'S NAME  GEORGE KELLER		MARY M. C					
			ORMANT		Addre			
	NO	. 01.2	MORIAL HOSPIT	AL, CUM	BERLAND			
	18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which	perator	y faile	re	ray		ERVAL BETW SET AND D	
	gove rise to immediate couse (o), stating the under-lying couse lost.	naturely	golatal	Stu	ectu	004		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  COR CONTRIBUTING  CONTRIBUTING  COR	UTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	PERFORA YES 1	MED?
		OW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port II o	f item 18.)			
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY C Hour o. m. 19 While No of work ☐ of	of while focto	CE OF INJURY (Home, form, ory, street, office bldg., etc.		own)	(County)		(Stote)
	21. I certify that (I) (this haspital) attended the saw the deceased alive an Al March 15	/	20 placed 196 at 2:3	CO, ta		, 19, to d an the date		,
	270. SIGNATURE	son M		D. SRECTOR P	TAFF HYS.		22b. [	DATE SIGNED
	DR. L. B. RANSOM		22d. ADDRESS	no St	; Cu	mberla	end p	16
	REMOVAL (Specify)	DATRICKS	CEMETERY	23d. LOCATION	ERLANI	200	(Stote)	
		DDRESS		8Y REGISTRAR		TRAR'S SIGNATU	JRE	
	BYRON KIGHT CUMBER	LAND, MD.	DATE	MAR 2 8 '6	0	7.11 - 0 -	4	

(-) and the state of t L'ARRE LE RECEIVED TO THE PROPERTY OF THE

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

he registror prior to buric

3 should be detached

VS A15 (4) 15M 9/58

1. PLACE OF DEATH a. COUNTY	Allegany	r	MARYLA		STATE Mary	_	l lived. If institutio b. COUNTY	n: Residence be		sion)
b. CITY OR TOWN (I RURAL and give no Cumber		ts, write	LENGTH OF STAY IN	1b ×	Bart		rote limits, write RU	JRAL and give i	nearest tow	n)
d. NAME OF HOSPIT OR INSTITUTION Allega	AL (If not in hospital, gone County	ive street ad	irmary	1	d. STREET ADDRESS					SIDENCE A FARM? NO (
3. NAME OF DECEASED (Type or print)	Bert	ha	Middle		Kelly	4. DATE OF DEATH	March	h	Doy 1,	Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED  DIVORCED		TE OF BIRTH 13/1876		9. AGE (In years last birthdoy)	Manths Day	_	ER 24 HRS Min.
10a. USUAL OCCUPATION during most of work Housewill 13. FATHER'S NAME	king life, even if retired	dane 10b. KII	ND OF BUSINESS OR I		Barton,	Maryl	ountry)	12. CITIZEN	S. A	
	nomas Gan	non			Betsy C		huna			
15. WAS DECEASED EVE			OCIAL SECURITY NO. T	INFOR	MANTP . O . BC			···Cumbe	ทโลท	a Ma
	(If yes, give war or dates of s				gany Cou		•			.u , Mu
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	}	for (a), (b), and (c).]	w	vary 4	Lyf	ostas	es o	NTERVAL B NSET AND	DEATH
Canditions, if o		(	bronic	m	yocar	let	To		7	
couse (a), stoting lying couse last.		6	erclera	al	arte	nos	eleros	io,	?	
CATIC	HER SIGNIFICANT CON	M P	erfection death	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(o	19. WAS PERFO YES	DRMED?
	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	296. DESCRI	BE HOW INJURY OCC	URRED. (E	iter noture of injury i	n Part I or Por	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Yes	While of work [	URY OCCURRED 20 Nat while of work	foctory,	DF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(Coun	ty)	(State
21. I certify the alive an 3/3	at 1 attended the 1/60	deceased , 19		eath acc	19 to curred a4:10		the causes and	d on the do	ite state	deceased d abave te signet 60
PHYSICIAN'S NAME (Type)	Dr. James	B E. 1	McLean		Cumbe	rland	, Md.			
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		)F	22c. NAME OF CEMETE Laurel Hi		MATORY	22d. LOCAT	TION (City, town, o	r county)	(Sto	te)
23. FUNERAL DIRECTOR	SSIGNATURE	V	ADDRESS lesternport	, Md.		C'D BY REGIST		TRAR'S SIGNAT		

DATE MAR 4

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Allegany	but but			7,435044.	
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may hot	Responsi		The same of	ATT CO.	S. F. Laid

VS A15 (4) 15M 9/SS

02743

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Keg. Dist. No.	1 111
1. PLACE OF DEATH a. COUNTY AT TIPC A NEW MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY A.T.T. TOTAL BASE	
ADDEGANI	MAULTHUD ADDROVAT	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  WESTERNPORT	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  WESTERN PORT	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 1S RESIDEN	NCE RM?
MARYLAND AVE.	300 MARYLAND AVE.	
3. NAME OF First Middle DECEASED (Type or print) OWEN JOSEP	PH KELLY 4. DATE Month APR 31 19	60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		
male white WIDOWED DIVORCED [	DEC. 18.1901 58 yr.	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	UNTRY
ELECTRICIAN	PIEDMONT.W.VA. U.S.A	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN J. KEKLY	CATHERINE GARRUTY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war ar dates of service)	GENEVIEVE KELLY, WESTERNPORT, MD.	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ry Embolus ONSET AND DEA	vte
Canditions, if any, which) the Chromie	Muncapolitic 2400	w
gave rise to immediate cause (a), stating the under-	700074113	
lying couse last. (c)		
ICATIO	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES 1 NO	D?
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20. BLACE OF INDIVIDUAL CONTROL	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20 Haur a.m. p. m. 19 While Nat while at wark at wark	20e. PLACE OF INJURY (Home, farm,   20f. (City ar town) (Caunty) (factory, street, office bldg., etc.)	(State)
21. I certify that I attended the deceased from Janua	1958, to March 31, 1900, that I last saw the dec	cease
	death occurred at 11:30 M, from the causes and on the date stated of	
0 000/0		SIGNE
SIGNATURE Paul Griller	M.D. MAShfield St. Piedment W.Vs. 4-2	-6d
PHYSICIAN'S NAME (Type) PAUL R. WILSON	ASHFIELD ST. PIEDMONT, WVA.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	TERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
BURIAL APR.4,60 ST. PETER	RS CEMETERY WESTERNPORT MD.	
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
WHY TARRESTA, PIEDMONT. W	.VA . DATE APR 4 '60 Cirthun S. Kraus	

draftly occurred on a contract with representation or are earlier to be supplied and

INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month,

Hour o. m.

20b/PESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) (County) (Slate) foctory, street, office bldg., etc.)

Than 16/1/1960 that I last saw the deceased 21. I certify that I attended the deceased from 12000 and that death accurred at 5,00 M, fram the causes and on the date stated above.

ADDRESS (Street, city as town, state) DATE SIGNED ACTUAL 3-17-60

James E. McLean, M.D. 49 Greene St., Cumberland, Md. NAME (Type) 22b. DATE THEREOF

220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 3/18/60 SS. Peter & Paul's Burial Cumberland, Maryland 24g. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wayne George Cumberland, Maryland

Day, Year

20d. INJURY OCCURRED

Not while at wark at wark

DATE MAR 21 '60

24b. REGISTRAR'S SIGNATURE Cirilwa & Kraus

e. IS RESIDENCE

ON A FARM?

YES NO K

Yeor

10

YES NO P

60

15M 10/57

carban NER 3

after death. funeral

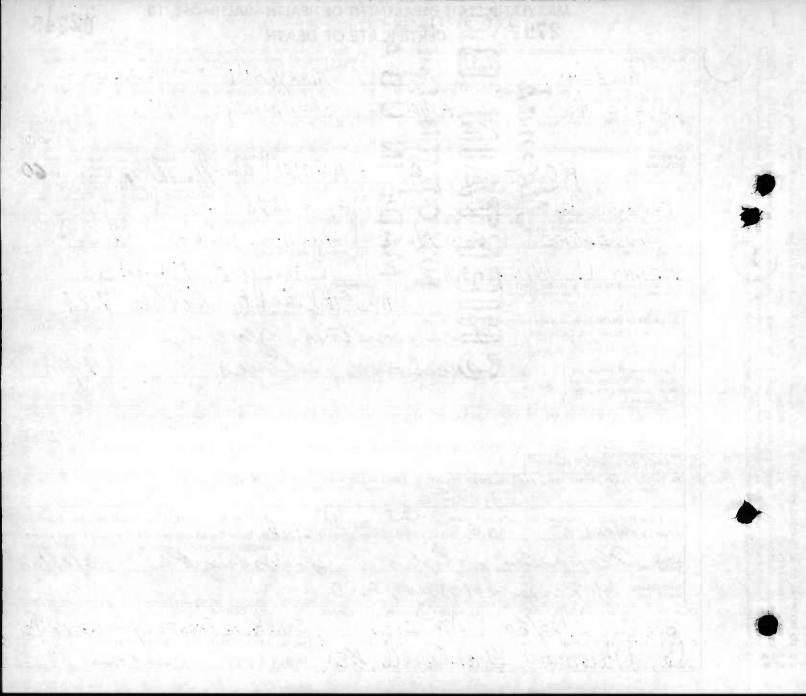
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THAN OND ETACHTERS		
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A SERVICE OF THE SECOND CONTRACTOR OF THE SECO		
	A STATE OF THE STATE OF	

VS A15 (4) 1SM 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2797 CERTIFICATE OF DEATH

02745 Rea Dist No

						weg. D.	
	CE OF DEATH	GANY	MARYLAND	2. USUAL RESIDENCE o. STATE MAR	Where deceosed lived.	. If institution: Residen b. COUNTY GAR	RETT
	CITY OR TOWN (If au	tside corporate limits, write st town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corporate lin	nits, write RURAL and	give nearest tawn)
L	AVALE	Mo.	4 Mo.	VEN	ININGS,	MD	11X-d
d. F	OR INSTITUTION	(If not in hospital, give street	address)	d. STREET ADDRES	is /		e. IS RESIDENCE ON A FARM? YES NO
	ME OF CEASED De ar print)	ROSA	Middle	LAYMA	4. DATE OF DEATH	March	22, 1960
5. SEX	FEMALE 6.	COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	MAY 3	1878 9. AG last	E (In years IF UNDER birthday) yrs.	Days Haurs Min.
10a. U!	SUAL OCCUPATION oring most of working HOUSE	life, even if retired)	OWN HOME	1/100	State or foreign country)	UA. 12.CITI	ZEN OF WHAT COUNTRY?
13. FAT	THER'S NAME HENRY	CONNING	HAM	14. MOTHER'S MAID	EN NAME	RLAN	D
		U. S. ARMED FORCES? 16. es, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT A	Lichty )	La Vale	me
18.	PART I. DEATH	[Enter only one cause per li WAS CAUSED BY: MEDIATE CAUSE (o)	ne far (a), (b), ond (c).]	natoris,	gener	elisel	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony,		Parcino	ua, us	terus		44ps.
C	gove rise to imm ause (o), stating the ying couse last.	DUE TO	ALC: E			Same.	
CATION	PART II. OTHER	SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PAR	PERFORMED? YES NO
E (IF	B. ACCIDENT WAS UR CONTRIBUTING THE EITHER, NOTIFY ME	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	RED. (Enter noture of injury	y in Port I ar Part II of i	item 18.)	
MEDICAL 200	c. TIME OF INJURY Hour a.m. p.m.	Month, Doy, Year 20d. II 19 White at wor	Not while f	PLACE OF INJURY (Home, octory, street, office bldg.		vn) (G	County) (State)
	7200	I attended the deceas		19.56 , to	3-22		ost saw the deceased e date stated above
	live an	36 <u>. 53</u>	, and that deal	n accurred at 6.3	ADDRESS (Street, ci		DATE SIGNED
	CTUAL GNATURE	pander	Holoko	M.D	lesbuy	Pa	3/23/60
	HYSICIAN'S A	example J	olos Ko,	M.D.		in the St. An	
	URIAL, CREMATION, EMOVAL (Specify)	3/25/60	22c. NAME OF CEMETERY	OR CREMATORY  57	AR POUTE FI	City, tawn, or county) RUSTBURG	ARRETIC M
23. PU	NERAL DIRECTOR'S SI	GNATURE !	ADDRESS 11	SAO 1 240.	REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE
N	101 2110	Ilman D	Maloste LVO.	JUI A DATE	MAR 2 8 '60	Callun & +	Traus



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/58

	4	143	CERTIFI	CAII	E OF DE	AII			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	egany		MARYLAN		o. STATE	ryla		d lived. If institut b. COUNTY		nce befo		sion)
RURAL ond give r	(If outside corporate limit neorest town)	ts, write	c. LENGTH OF STAY IN	ь	2 -			rate limits, write l	RURAL and	give ned	rest tow	n)
	berland		llldays.	00	Cumbe:		d					
Sacred He	eart Hospita	ive street (	oddress)	/	8 Klos		an Ad	ition				SIDENCE A FARM? NO
3. NAME OF DECEASED	Fire		Middle		Last	20	4. DATE OF	Мо	nth	Do	,	Year
(Type or print)		nie			Lazarus		DEATH	3	Transfer	26		19 60
5. SEX			IED NEVER MARRIED	_	10-7-85			9. AGE (In years lost birthday)	Months	Doys	Hours	ER 24 HRS Min.
Female	White	WIDOWE	DIVORCED KIND OF BUSINESS OR IN			E /Etata	er foreign o	/4 yrs		TIZENIO	LA/MAT	COUNTRY
during most of wo	tking life, even if retired)	Ow	n Home	IDOZIKI	Engla		2.4	hester		U.S.		COONIKI
13. FATHER'S NAME	. •			14	MOTHER'S M			nester		U . D	A.	
	Sapito	CES2 14	SOCIAL SECURITY NO.	INFOI	Soph	ia 1	<del>lekale</del>	vitch	trace	-		
(Yes, no, or unknown)	(If yes, give war or dates of se	ervice)			ents C	hand		Adv	31033			
no				rati	ents	Hett. (				1		
	ATH [Enter only one co									ONIS	ERVAL BE	DEATH
PART I. DE.	IMMEDIATE CAUSE (a)	Circ	culatory Col	Lapse	e and Co	onge	stive	Heart Fa	ailure	1	hp	DEATH
153.0	DUE TO											
Conditions, if	any, which	Caro	cinoma of the	Cae	cum wit	sh h	epatio	and pel	lvic	8	mon	ths (2
gave rise to cause (a), stating			metastases									
lying cause lost.			11000000000									
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	HE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
Diabe	tes Mellitu	5										ORMED?
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of in	njury in	Part I or Par	t II of item 18.)				
20c. TIME OF INJU		or 20d. It	NJURY OCCURRED 20e		OF INJURY (Ho			or town)		(County)		(State)
Hour a.m.	19	While at worl	Not while	factory,	, street, office b	ldg., etc	)					
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SIGNATURE	mana 1:	104	my	M.D.	_ALEONO	quin	Horel	Buildir	¥		3/	28/60
PHYSICIAN'S NAME (Type)	Dr.W.Doerne	יין			A1 70	ກດນຈໍ	n Hot	ol Gumb	3/12			
22a. BURIAL, CREMATIO			22c. NAME OF CEMETER	Y OP CP		min	224 TOCA	ION (City, town,	or county		(Sto	te1
REMOVAL (Specify Burial			East View C				13	erland,				,
23. FUNERAL DIRECTOR			ADDRESS	Cine		4a. REC'	D BY REGIST		ISTRAR'S S			
		berl	and, Maryla	nd			3 0 '60		m 8 +			
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The state of the s	tificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	a the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the strar prior to burial, cremation,
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02747

											Reg. Dist.	No.	
1.	PLACE OF DEATH	27	48			2. USUAL RESI			ased lived. If	institutio	an: Residence	before adn	nissian)
	Allega	any		MARY	LAND	o. STATME	ryl	and	b. C	YTNUO	Alle	gany	
		outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (I	f autside co	orporate limits	, write R	URAL and gi	ve nearest to	own)
	Cumberle			1 day	7	02317	7 Em	ily	Stree	t			
d	. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos	pital, give street address	1)	d. STREET A	DDRESS	5 100					RESIDENCE
datam	Memor:	ial Hospi	tal			Cumb	erl	and,	Mary:	land	3		NO P
	NAME OF DECEASED	Fin	it	Middle		Last		4. DATE OF		Month		Day	Year
	(Type or print)	MYRT		J		LEA		DEATH	Ma:	rch	12		1960
. S	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH			9. AGE In s		FUNDER TYPE	AR IF UNI	DER 24 HR
F	emale	White	WIDOWEL	DIVORCED [		farch 2	21	1891	68	yrs.	Months Day	ys Hours	Min.
Oa.	USUAL OCCUPATION	ON (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLA					12. CITIZEN	OF WHAT	COUNT
	Housekeen			t home		[Eag]	le R	ock,	Va.		US	A	
13.	FATHER'S NAME					14. MOTHER'S A	MAIDEN I	NAME				10000	
		John Link	enhol	cer	25	Lucy	7 Me	rrit	t				
15. (Yes.	WAS DECEASED EV	ER IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			A	ddress			
	No	, , , , , , , , , , , , , , , , , , ,		None	1	Memoria	1 H	ospi	tal (	Cumb	perla	nd, N	Id.
	18. CAUSE OF DEA	TH [Enter only one cau	se per line t	for (a), (b), and (c).]								INTERVAL BETW	/EEN
	PART I. DEAT	c omi	pensati	on.	Pul	monar	v Re		24 h				
	422.	IMMEDIATE CAUSE (o)		14240 201	0 1111	301100 03	.011	- W.	1101142	, 23	A O MAG	~ -	
	Conditions, if a		AY	rterioscle	anoi	ie cer	othe	772 Q C	מפרנו	2100	9999		
	gave rise la immed	fiate cause	- 43.1	. 001 10301	01 0	20 041	. 410	Vabo	ular	a L J (	Jabo		
	(a), stating the cause last.	(c)											
z	PART II. OTH		DITIONS CO	NTRIBUTING TO DEATH	BUT NO	OT RELATED TO T	HE TERM	INAL DISEA	SE CONDITIO	N GIVEN	V IN PART 1(	a) 19. WAS	AUTOPSY
CATIO												PERFO	DRMED?
	20a. EXTERNAL CAL	JSE WAS 201	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of init	ry in Par	t Lar Part	II of item 18.)			1,50	110
CERTIF	20g. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.	ATRIBUTING [					,		,, 6, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3	20c. TIME OF INJUR	RY Month, Day, Yea	r 20d. II	NJURY OCCURRED 20	e. PLAC	OF INJURY (H	ome, form	n.   20f. (C)	ity or tawn)		(County	1	(State)
MEDICAL	Hour a.m.	19	While at wor	Nat while _	foctor	y, street, office t	oldg., etc.	.)	.,,		(000)		(3.0.0)
2	p. m.				a la au	. 1.1.1	A .	-		PRET			
				emoins described		100			Inspection	-	Inquiry	, and	find th
	deoin resulted	from: Notural (	duses	Accident,	Suic	de [], Ho	micide	, [], r	Jndetermir	ned co	use		
	ACTUAL .	7. / -	2/1	+- 11	/							DATE	SIGNED
	SIGNATURE	Isudicl	Suci	sarella		M.U.		(AMINER [					
Н	EXAMINER'S							AL EXAMIN					
	NAME (Type)			itarelic.		_	MEDICAL	EXAMINER	Ma.	rch	12,	1960	
220.	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMETER	RY OR C	REMATORY		22d. LOC.	ATION (City, I	awn, ar	county)	(Sta	te)
	Burial	3/15/60		Eagle Rock	c Ce	meterr		Eag.	le Rock		Vir	ginia	
23. 1	FUNERAL DIRECTOR			MODRESS		1		D BY REGIS			RAR'S SIGNA		
	Ruth E. S	ilcox	Cumbe	erland M.	aryl	and	DATE	AR 1 6	00	Cirl	Chur S. +	haud	

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24 haurs ofter death.

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be executed

## MARYLAND STATE DEPARTMENT OF HEALTH

	2149 CERTIFICATE OF DEATH											
1	1. PLACE OF DEATH o. COUNTY	ALLEGANY		MARYLA	ND	2. USUAL RESIDENCE (Who s. STATE MARYLA		b. COUNTY	ALLEGA		n)	
1	b. CITY OR TOWN (	If autside carporote limits, legrest tawn)	write	c. LENGTH OF STAY IN	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tax  O2 CUMBER LAND							
060	MEMORUTANI MEMORITAL	HOSPITAL WARWICK A	ves.	ddress)		d. STREET ADDRESS	DFORD	ST.		e. IS RESID ON A F YES	A	
	3. NAME OF DECEASED (Type or print)	First EL1	ZABE	Middle TH		LESTER Lost	4. DATE OF DEATH	MARCH	<sup>th</sup> 23	yay Ye		
	5. SEX FEMALE	A 84 A 9 mm PP	MARRIE	NEVER MARRIED		B. DATE OF BIRTH  JULY 1,1884		9. AGE (In years last birthday) 75 yrs.	Manths Days	-	2	
	10a. USUAL OCCUPATI during most of wor Housek	rking life, even if retired)	IND OF BUSINESS OR At Home	INDUS	DELAWARE	or foreign c	ountry)	U.S		UI		
	13. FATHER'S NAME	AM BEATTY				14. MOTHER'S MAIDEN N						
T		ER IN U. S. ARMED FORCE (If yes, give war ar dates of servi	None		FORMANT EMORIAL HOSPI	ITAL	Addr CUMBER		ARYLAN	VE,		
•		ATH [Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	per line	netral 14	em	onlag into	t left	& Lomple	gra ON	TERVAL BETY ISET AND D	DE	
	Canditians, if	(0)	14	ypertession	OF	d arteroon	level	the cords	orasan	Lyen	~	
	gove rise to	DUETO	- 1	" disease	K					}		

20d. INJURY OCCURRED

Nat while

**ADDRESS** 

at wark

e. IS RESIDENCE ON A FARM? YES NO Manth Year Day 23 RCH 60 19 IF UNDER 1 YEAR IF UNDER 24 HRS. hday) Manths Days Haurs yrs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address MBERLAND. MARYLAND INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part 11 of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) 19 6 (that (1) (we) lost 19 mond that death occurred 5:25 MPMom the causes and on the date stoted above. 22b. DATE SIGNED 23d. LOCATION (City, tawn, ar caunty) (State) Matwl and 25b. REGISTRAR'S SIGNATURE DATEMAR 2 9 '60

ATTENDING PHYSICIAN: The law requires that the death certificate ar attending physician. burial-transit ō cremation, After this be retained by the hosp NERAL DIRECTOR: After 3 should be detached for State Board of HOSPITAL OR VR A15 (4) 1SM 9/59

Ruth E. Silcox

lying cause last

20c. TIME OF INJURY

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type) DR.

23a. BURIAL, CREMATION,

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

a. m.

p. m.

sow the deceased olive on

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH

CERTIFICATION

MEDICAL

Cumberland

While

21. I certify that (I) (this haspital) attended the deceased from of D man

at wark

Doy, Year

W.A. VAN ORMER

23b. DATE THEREOF

Mar

23c. NAME OF CEMETERY OR CREMATORY

factory, street, affice bldg., etc.)

ATTENDING PHYS.

M.D.

Cumberland 25a. REC'D BY REGISTRAR

1966

MED. DIRECTOR

MARGANIO STATE DEPAR AURILI DE REASTRE 2749 CERTIFICA E SE SHATH

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WATER BAILIN
S. B.V. A. H. 10

**ADDRESS** 

Hyndman, Pa.

23\_FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME(5)

5M 9/55

02750

. IS RESIDENCE

Year

IF UNDER 24 HRS.

Min.

19

Hours

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO

Reg. Dist. No.

Allegany

Day

Bedford Co, Pa.	USA
OTHER'S MAIDEN NAME	
Sara Ellen Corley	
ANT Address	
Bertie Leydig, Elle	rslie, Md.
Occlusion	INTERVAL BETWEEN ONSET AND DEATH
OCC JOSTON	2ng q s M
Schrosis	
ATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ure of injury in Port I or Port II of Item 18.)	
NJURY (Home, form, tt, office bldg., etc.)	(County) (State)
eld an Autapsy [], Inspection [],	Inquiry XI, and find that
, Hamicide , Undetermined cau	
CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	
DEPUTY MEDICAL EXAMINER	
ORY 22d. LOCATION (City, town, or co	
etery   Buffalo Mil	ls?Rp.
MAD D D IOO I	AR'S SIGNATURE

of the get	HYASO TO STADING		ADIOBIA PET	
		Towns A		
	Continue device			100
No.				
		Land Section		

COLUMN STREET

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I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1. 2, and 3 to the funeral director. Page execute the convarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 5 state Board of Heblith.

VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

j	MEDICAL	EXAMINER'	S CERTIFICATE	OF DEATH	
					Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY MARYLAND	osiateryland Washington
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)
Route #40	Hagerstown 2103.2
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
23 miles Tast of Cumberland	433 Mechanic St
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
(Type or print) CLARENCE EUGENE LUSHE	BAUGH DEATH March 8 1960 19
5. SEX 6. COLOR OR RACE 7. MARRIED TYNEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yours   IF UNDER 14EAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Oct 3 1931   28 yrs.   Months   Doys   Noors   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION during most of working life, even if retired)  Truck Driver Charlton Bros	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Mary Johnson
Howard L. Lushbaugh Sr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
(if yes, give war or dates al service)	's Grace J. Lushbaugh 433 Mechanic St
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	Hagerstown . d. Interval Detween ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: Crushed Skull	sudden
824× DUE TO	
Conditions, if ony, which) (b) truck acciden	nt
gove rise to immediate cause (6), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES NO Z
200. EXTERMAL CAUSE WAS PRIMARY TO OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Fr	nter nature of injury in Port I or Part It of item 18.)
	hrown out and run over by rear wheels
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAC foctor of while and work of other or work of other parts of work of the parts of work of the parts of work of the parts of the par	CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) ary, street, office bldg., etc.)
	#40 23 miles east Cumberland Alleg .Md.
21. I certify that I took charge of the remains described above	ve, held on Autopsy 🔲, Inspection 📆, Inquiry 🔀, and in my
opinion death resulted from: Natural causes , Accident	Suicide, Homicide, Undetermined monner
SIGNATURE Benedict Sketarely	M.D. CHIEF MEDICAL EXAMINER []
January January	ASSISTANT MEDICAL EXAMINER
NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER T March 8, 1960
22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR (	
	eletery H selstown Wash Co ad
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Andrew K. Coffman Haracatown 1d	DATE MAR 19 60 arising S. Kraus

## MARKIAND STATE DEPARTMENT OF HEALTH -BASTAMOND, 18 2735AUGHOAL EXAMENTED STATE OF DEATH

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Health To African Anna Seat Schiller Street			
Total Wall Swill Street Co.			

099

MEDICAL

Mar. 22, 1960 Hillcrest Burial

James F. Scarpelli, Cumberland, Md.

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2750<sup>M</sup>

		MARY 2757M	LAND	STA AL E	TE DEPART	ME R'S	CERTIFICAT	H-BA	DEATH	18	0	27	52
		4100								Reg. Di	t. No.		
1,	LACE OF DEATH			10			2. USUAL RESIDENCE (W	here decea			ice befo	re odm	ission)
	a. COOM11	Allegany	7		MARYL	AND	a. STATE Mary	land	b. COUNT	' All	ega.	iny	
t	ond give nearest town	If outside corporate limits, v	rile RURAL	c. L	ENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL ond	give ne	arest to	wn)
	Cumber			6	1 years		02 Cum	berl	ลาดี				3023
(	. NAME OF HOSPIT	TAL OR INSTITUTION	(If not in	hospitol,	give street oddress)		/ d. STREET ADDRESS		Contract of the Contract of th				ESIDENCE
	D.O.A.	Memoria:	LHos	pita	1		Pot	oma c	Park				A FARM?
3.	NAME OF DECEASED		First		Middle		Last	4. DATE	Manti	,	Doy		*ar
	DECEASED (Type or print)	W:	alter	r R	Raymond	Ma	ahaney	OF DEATH	Mar		19		960
5. 5	EX	6. COLOR OR RAC	E 7. MA		NEVER MARRIED				9. AGE (In years	IF UNDER			ER 24 HRS.
78	670			WED 🗀	DIVORCED [	_		000	last birthdoyl	Months [	ays	Hours	Min.
	ale OCCUPATI	White			_		Sept. 29. ] RY 11. BIRTHPLACE (Stote	L898	61 yrs.	12 CITIZ	EN OF	WHAT	COUNTRY?
(	luring most of worki	ng life, even if retired	1)			10031			•		ISA	*******	COOMINIT
		ssistant		rext	rre		Cumber		Mu.		DAL		
13.	FATHER'S NAME						14. MOTHER'S MAIDEN N						
		James Ma					Sarah	1 Owe					
15.	WAS DECEASED EN	VER IN U. S. ARMED I (If yes, give wor or dates		16. SOCI	AL SECURITY NO.		FORMANT		Address				
	no					M	rs. Anna Ma	hane	y, Cumbe	rland	, 1	Ad.	
		ATH [Enter only one of ATH WAS CAUSED BY IMMEDIATE CAUSE			), (b), ond (c).] Coronary	0	cclusion				ONSET	AND DE	ATH
	421	DUE T											
	Conditions, if	The second of			Coronar	v	Sclerosis						-
	gove rise to imme	diale cause	[b]			~							
	(a), stoling the	underlying DUE T	6.1										
7		HER SIGNIFICANT CO	NOTIONS	CONTRI	RUTING TO DEATH	BLIT N	OT RELATED TO THE TERMI	NAI DICEAS	E CONDITION GIV	EN IN PART	1/0) 10	\A/AS	ALITOPSY
CERTIFICATION	PART II, OII	TER STOTH TEATH CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONTRA	DOTATIO TO DEATH		OT REGITED TO THE TERM	INAL DISEAS	SE CONDITION OIL	EIN IIN FAKI	-	PERFC ES [	RMED?
	20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	USE WAS ENTRIBUTING [	20b. DESC	RIBE HOV	W INJURY OCCURR	ED. (E	nter noture of injury in Part	I or Part II	of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		W	hile	Not while at work		CE OF INJURY (Home, farm ary, street, office bldg., etc.)		y or town)	(Соы	nty)		(Stale)
			se of th	e remo	ins described	abo	ve, held an Autopsy		nspection 3	Inquiry	( T	and	find that
		from: Noture	11 11 11		_				ndetermined o	· · · · ·		and	mid mai
	ACTUAL SIGNATURE	Benedu	tx	their	taselic	9	_M.D. CHIEF MEDICAL EX	AMINER [				DATE S	SIGNED
	EXAMINER'S						ASSISTANT MEDICA		_				
	NAME (Type)	Benedict	Ski	tare	elic, M.	D.	DEPUTY MEDICAL E	XAMINER	X March	19,	190	60_	
220	BURIAL CREMATIC	ON. 226. DATE THER	EOF	22c.	NAME OF CEMETER	YOR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stat	e)

Park

DATE

246. REC'D BY REGISTRAR MAR 2 2 60

Cumberland, Md.

24b. REGISTRAR'S SIGNATURE Cirthun S. Thank

VS. A15ME(5)

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2751

	man	275	1 CERT	IFIC/	ATE OF D		I—BALIIN		Reg. Dist.	(	753
1. PLACE OF DEATH o. COUNTY	Allegany		MAI	YLAND		aryl:	ere deceased live		: Residence		
b. CITY OR TOW RURAL ond giv Cumber	N (If outside corporate lime e nearest town) land,	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR I		utside corporote l and,	imits, write RUI	RAL ond giv	e nearest	own)
d. NAME OF HO	SPITAL (If not in hospital, son Lee St.,	ive street	address)		d. STREET A		Lee St	. ,		0	RESIDENCE N A FARM? NO XX
3. NAME OF DECEASED (Type or print)	WILL		Midd	le	los MAN		4. DATE OF DEATH	Marc		20,	Yeor 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARE	RIED K MEVER MARI	RIED	B. DATE OF BIRTH Sept. 2			GE (In years st birthday) yrs.	FUNDER 1	YEAR IF U	NDER 24 HRS. urs Min.
Machin			kind of Business lanese (								AT COUNTRY
3. FATHER'S NAME					14. MOTHER'S						
	z Mank					nor	Vogel				
IYes, no, or unknown)	EVER IN U. S. ARMED FOR	ervice)	4-07-637			ah Ma	ank 209	So. 1		st.,	Cumb.
	DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Br	onchogen		Carcinon	na				OHSES A	BETWEEN ND DEATH
gove rise to couse (o), stoti lying couse to	ng the <u>under-</u> DUE TO	)									
PART II.  200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	OTHER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE COI	NDITION GIVE	V IN PART 1	PE	AS AUTOPSY REFORMED?
	WAS UNDERLYING DING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of	injury in P	ort I or Part II of	item 18.)			
20c. TIME OF IN Hour o. p.	10	While	Not while at work	20e. PL	ACE OF INJURY (Fice clory, street, office	bldg., etc.)			32.1	inty)	(Stote)
	that I attended the 3-20-60					, to3	3-20-60	, 19,	that I la	st saw ti	ne deceased
Give dil	77			ii dediii	occorred dig		DDRESS (Street,			date st	DATE SIGNED
ACTUAL SIGNATURE	Kulp lu	. /	alles .		м.р6	2 Gr	eene St			3-21	-60
PHYSICIAN'S NAME (Type)	Ralph W.	Ball	in M.D.		С	umbe	rland,	Md.			
Burial, CREMA	710N, 22b. DATE THEREC		St. Luke				22d. LOCATION Cumber				itote)
23. FUNERAL DIRECT		Cum	ADDRESS berland,	Md		240. REC'D	BY REGISTRAR R 2 4 '60	24b. REGISTI		ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 led in by the funeral director, I and 2 should be filed with may be retained by the haspital or attending physician.

Ownered DIRECTOR: After this certificate has been signed by the attending physician and campletely a shauld be detached for use as the burial-transit permit. Then please remove carbon page's. Per the registror priar to burial emotion, or remayal, and in any event within 72 hours after dealth. 0 VS A1S (4) 15M 10/57

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	good just		2177.0
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	Charles Inter		

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2782 CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be remained by the hospital or ottending physicion.

TO REAL DIRECTOR: After this certificate has been signed by the attending physician and completely red in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remained carbon pages. If and 2 should be filed with the State Board of Health page 2.

VR A1S (4) 1SM 9/S9

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	A STATE	LAND b. COUNTY	ion: Residence before admission) ALILEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	20	outside corporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION MINERS HOSPITAL	9	d. STREET ADDRESS 96 E	BEALL ST. EX	e. IS RESIDENCE ON A FARM? YES NO L
3. NAME OF DECEASED (Type or print) WILIAM	Middle M	ASON	4. DATE MO MO OF DEATH MARCH	3, 19 60
S. SEX  6. COLOR OR RACE  7. MARRIED  MALE  COLORED WIDOWED		SEPT. 8, 1	9. AGE (In years lost birthday) 84 yrs	IF UNDER 1 YEAR   IF UNDER 24 HRS   Manths   Doys   Hours   Min.
10b. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired) RETIRED MAINTENANCE Det			or foreign country) RGINIA	U.S.A.
13. FATHER'S NAME MAN UNKNOWN		14. MOTHER'S MAIDEN N	FIDDLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	FORMANT		iress
NO (If yes, give war or dates of service)	6-09-8568 M	RS. LULA CH	IAPMAN, KEYS	ER, W. VA.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stating the under- lying cause lost.  Conditions, if any, which gove rise to immediate (couse (o), stating the under- lying cause lost.  Conditions of the under- lying cause lost.	rterio	Scler	oses	WEST IN BART YOU TO WAS AUTOBEV
PART II. OTHER SIGNIFICANT CONDITIONS CON	NIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	). (Enter noture of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor 20d. INJU Hour a.m. While at wark	_ Not while fac	CE OF INJURY (Home, farm tory, street, office bldg., etc		(County) (State
21. I certify that (I) (this haspital) attended saw the deceased alive and 3	/	eath accurred \$39	SM, from the causes a	nd an thé date stated above
220. SIGNATURE AM C LA	ne-	ATTENDING M.D. PHYS. 22d. ADDRESS	ED. STAFF PHYS.	3 4 60 SIGNED
NIAME (Towns)	E, M. D.	E. MAIN	ST., FROSTE	URG, MD.
230. BURIAL, CREMATION. 23b. DATE THEREOF BURIAL (Specify) MARCH 6 160	F BG. MEMO	RIAL PARK	23d. LOCATION (City, town, FROSTBU	or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE J. R. DURST, FROSTBUE	ADDRESS RG, MD.			ISTRAR'S SIGNATURE Cuthun S. Kraus

HISARCHO STADHITAND ATMYCKIY 258%; brode dge Fill sew in Benti THE SECOND STREET THE SET OF THE SERVICE OF THE SERVICE OF THE THEORY . WHE CALL STREET . TH . DECEMBER . TRANSPORT . IT S. T.

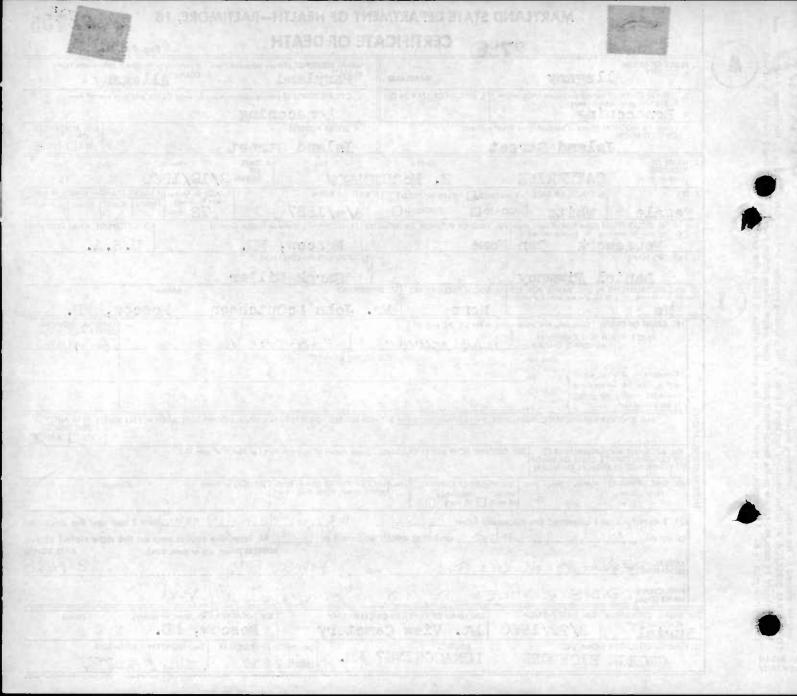
VS A15 (4) 15M 10/57 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	1	8
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02755

CERTIFICATE OF DEATH

D. CITY OF TOWN (If outside corporate limits, write cutter)  D. CITY OF TOWN (If outside corporate limits, write mostal flows)  LOTACOTINE  LOTACOTINE	7 (7)	27	CERTIFIC	AIL OF DEAT		Reg. Dist. N	0.
Lonaconing	o. COUNTY	Allegany	MARYLAND			TYATT	
d. NAME OF HOSPITAL (if not in hospitol, give intered oddress)  TRIAND Street  TRIAND TRI	RURAL ond give	nearest town)	c. LENGTH OF STAY IN 16			e RURAL and give r	earest town)
MARK OF DECEASED   CATHERINE   E.   MCCUTCHEON   DATE	d. NAME OF HOS OR INSTITUTIO	N_		d. STREET ADDRESS			ON A FARM?
DECLARED (Type or print)  CATHERINE  E. MCCUTCHEON  DATH 3/19/1960  19 ACT (Fight a)  PART I. OTHER SIGNET (AND DETECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  DUE TO  CONDITION (Give Race   7. MARRIED)  NO. USUAL OCCUPATION (Give Rind of work done)  DIVORCED  No. SAMP DECRASSION (Give Rind of work done)  HOME  HOME  HOME  HOME  HOME  HOME  HOME  HOME  HOME  LA MOTHER'S MAIDEN NAME  NO. Tohn McCutcheon  Mescow, MD.  III. CRASS DECRASSE PEYER IN U. S. ASMED FORCES?  IN INTERVAL BETWEEN  NO. Tohn McCutcheon  Mescow, MD.  III. CRASS DECRASSE PEYER IN U. S. ASMED FORCES?  IN INTERVAL BETWEEN  NO DUE TO  Lying course lost.  DUE TO  Lying course lost	3 NAME OF					44	
Pemale White WIDOWED DIVORCED 3/4/1887 73 yrs.  On USUAL OCCUPATION (Give kind of work done down of which and work done downing mide year in retired)  HOUSEWORK OWN HOME SAHER'S NAME DANIEL TIMMNEY SAHER SAME DECEASED EVER NU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO DIFFERENCE SAME SAME DECEASED EVER NU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO DIFFERENCE SAME SAME DECEASED EVER NU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO DIFFERENCE SAME SAME SAME SAME SAME SAME SAME SAM	DECEASED	O 4 577777			OF A	1960	19
DIONCED DIVORCED DIVORCED 3/4/1887 73 yrs.  10. SUSHALOCCUPATION (Cive kind of work done lobe. RIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  11. CHIZEN OF WHAT COUNTR WORK WITH HOME  12. CHIZEN OF WHAT COUNTR WORK WITH HOME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  SATAH MILLER  MESCAY, MD.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse to immediate couse (o). Stoling the under lying couse lost.  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPY PERFORMED?  YES ON DECONTRIBUTING CAUSE OF DEATH  (FETHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH  (FETHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH  (FETHER, NOTIFY MEDICAL EXAMINER)  21. LOCATION WORK TO THE COUNTRY MORE  ACTUAL	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		
HOUSEWORK OWN HOME  S. WAS DECEASED EVER IN U. S. ARMED FORCES? Its. SOCIAL SECURITY NO.  S. WAS DECEASED EVER IN U. S. ARMED FORCES? Its. SOCIAL SECURITY NO.  IT. INFORMANT  NO  II. MOTHER'S MAIDEN NAME  Sarah Miller  S. WAS DECEASED EVER IN U. S. ARMED FORCES? Its. SOCIAL SECURITY NO.  IV. John McCutcheon  NO  III. CAUSE OF DEATH [Enter only one couse get line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gove rise in immediate couse (c), stoling the underlying course toul.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO  20a. ACCIDENT WAS UNDERLYING   OACONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO  TO CONTRIBUTING   CAUSE OF DEATH   OR PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO  20a. ACCIDENT WAS UNDERLYING   OACONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO  TO CONTRIBUTING   CAUSE OF DEATH   OR PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO  20a. ACCIDENT WAS UNDERLYING   OACONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO  TO CONTRIBUTION   CAUSE OF DEATH   NO   NO   NO   NO   NO   NO   NO   N		17222 00		0/ 11/ 220	73	rrs.	
3. FATHER'S NAME  Daniel Timmey  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  NO  NO  NO  NO  NO  NO  NO  NO	Oa. USUAL OCCUPA during most of w	TION (Give kind of work done 10b orking life, even if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Daniel Timmey  Serah Miller  S. WAS DECEASED EVER IN. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  II. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate course (o), stoling the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (II ETITRE, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERSYING While Not work of w		ework Own Ho	ome			U.S.	Α.
S. WAS DECEASED EVER IN U. S. ABMED FORCES?  The no. or whaten)  None  N	3. FATHER'S NAME						
NOR ME John McCutcheon Mescow, MD.    B. CAUSE OF DEATH   Enter only one couse part line for (o), (b), and (c).			COCIAL SECURITY NO. 117			44	•
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (MAREDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse (o), stating the under lying couse (o).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDY  YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of item 18.)  200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 11 of item 18.)  201. I CENTIFY MEDICAL EXAMINER)  202. TIME OF INJURY Month. Day, Year While of work of the owner of the part 1 of item 18. (County) (State of DEATH HOUR of the part 1 of item 18.)  203. TIME OF INJURY MONTH. Day, Year Of the part 1 of item 18. (County) (State of DEATH HOUR of the part 1 of item 18.)  204. TIME OF INJURY MONTH. Day, Year Of the part 1 of item 18. (County) (State of DEATH HOUR of the part 1 of item 18.)  205. TIME OF INJURY MONTH. Day, Year Of the part 1 of item 18. (County) (State of DEATH HOUR of the part 1 of item 18.)  206. TIME OF INJURY MONTH. Day, Year Of the part 1 of item 18. (County) (State of DEATH HOUR of the part 1 of item 18.)  207. TIME OF INJURY MEDICAL EXAMINER)  208. PLACE OF INJURY HOME, farm, 207. (City or fown) (County) (State of DEATH HOUR of THE PART 1 of Item 18.)  208. TIME OF INJURY MONTH. Day, Year Of County (State of DEATH HOUR OF CEMETERY OF CREMETERY O	(Yes, no. or unknown)						
PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if ony, which gove rise to immediate cause (p)  DUE TO  Conditions, if ony, which gove rise to immediate couse (p), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  PREFORMED?  YES DO DESCRIBE HOW INJURY OCCURRED.  OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  Soc. TIME OF INJURY Month, Day, Year While Not while of work of the part of the part 1 or Port 11 of item 18.)  OR PURISH OF INJURY MONTH, Day, Year While Not while of work of the part of the part of the part 1 or Port 11 of item 18.)  12 Co. TIME OF INJURY MONTH, Day, Year While Not while of work of the part of the part of the part 1 or Port 11 of item 18.)  13 Co. TIME OF INJURY MONTH, Day, Year While Not while of work of the part of the part 1 or Port 11 of item 18.)  14 Co. TIME OF INJURY MONTH, Day, Year While Not while of work of the part of the part 1 or Port 11 of item 18.)  15 Co. TIME OF INJURY MONTH, Day, Year While Not while of work of the part 1 or Port 11 of item 18.)  16 Co. TIME OF INJURY MONTH, Day, Year While OF INJURY HOME, To Port 11 of item 18.)  17 Co. TIME OF INJURY HOME, TO PORT 11 of item 18.)  18 Co. TIME OF INJURY HOME, TO PORT 11 of item 18.)  19 Co. TIME OF INJURY HOME, TO PORT 11 of item 18.)  19 Co. TIME OF INJURY HOME, TO PORT 11 of item 18.)  10 Was AUTOPS  10 Co. TIME OF INJURY HOME, TO PORT 11 of Item 18.)  10 Co. TIME OF INJURY HOME, TO PORT 11 of Item 18.)  10 Co. TIME OF INJURY HOME, TO PORT 11 of Item 18.)  10 Co. TIME OF INJURY HOME, TO PORT 11 of Item 18.)  10 Co. TIME OF INJURY HOME, TO PORT 11 of Item 18.)  10 Co. TIME OF INJURY HOME, TO PORT 11 of Item 18.)  11 Co. TIM		•		r. Jehn Me	utcheon		
IMMEDIATE CAUSE (o)   DUE TO	and the second s		ine for (o), (b), ond (c).]	al at-			
Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDY YES NO 20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED work of foctory, street, office bidg., etc.)  19 While Not while of work of work of work of the deceased from 19 of work of t	FARI I. D		arcinoma	of Slow	rach.		6 mos.
gove rise to immediate couse (o), stoting the under lying couse lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)   20c. TIME OF INJURY Month, Day, Year While Not while of work of ordering the part of the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year While Not while of work of the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and had death occurred at O. D. Accident to the part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and Hadden to Part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and Hadden to Part II of item 18.)   20c. TIME OF INJURY Month, Day, Year and Hadden to Part II of item 18.)   20c. TIME OF INJURY MONTH, Day, Year and Hadden to Part II of item 18.)   20c. TIME OF INJURY MONTH, Day, Year and Hadden to Part II of item 18.)   20c. TIME OF INJURY MONTH, Day, Year and Hadden to Part II of item 18.)   20c. TIME OF INJURY MONTH, Day, Year and Hadden to Part II of item 18.)   20c. TIM	1513	DUE TO					
DUE TO    Solid   Soli	Conditions, if	ony, which ) (b)					
19ing couse lost   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPSY PERFORMED? YES   NO   20. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)   (County)   (Stole of INJURY Month, Day, Year   20d. INJURY OCCURRED While of work   o	1 "	immediate (					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO SIGNIFICANT OF PORT II of item 18.)  10. County in Port I or Port II of item 18.)  10. County in Part 1(0)  10. County in Part 1(0)  11. County in Part 1(0)  12. County in Part 1(0)  13. County in Part 1(0)  14. County in Part 1(0)  15. Was autopsy PERFORMED?  YES NO SIGNIFICANT IN PART 1(0)  16. County in Port I or Port II of item 18.)  17. County in Port II of item 18.)  18. County in Part 1(0)  19. Was autopsy PERFORMED?  YES NO SIGNIFICANT II OF PORT II of item 18.)  19. Was autopsy PERFORMED?  YES NO SIGNIFICANT II OF PORT II OF							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while of work of twork of two	PART II. C		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while of work of twork of two	Š						
21. I certify that I attended the deceased from.  21. I certify that I attended the deceased from.  22. I certify that I attended the deceased from.  23. I good, another death occurred at 6.00 p.M., from the causes and on the date stated above address (street, city or town, state)  24. ACTUAL SIGNATURE  25. BURIAL CREMATION, PHYSICIAN'S LESLIE R. MILES JR., M.D.  26. BURIAL CREMATION, Parameter of the property	○ CONTRIBUTION     ○ CO	NG CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II of item 18.)		
alive an March. 1903., and hat death occurred at 6.00 p.M., fram the causes and on the date stated about address (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S LESLIE R. MILES JR., M.D.  PHYSICIAN'S LESLIE R. MILES JR., M.D.  20. BURIAL CREMATION, REMOVAL (Specify)  3/22/1960  Mt. View Cemetery  ADDRESS  J. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  LONACON TNG? MD.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  LONACON TNG? MD.	Hour o. m	n. While	Not while	LACE OF INJURY fHome, far octory, street, office bldg., et	m, 20f. (City or town)	(Count	y) (Stole)
alive an March. 1903., and hat death occurred at 6.00 p.M., fram the causes and on the date stated about address (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S LESLIE R. MILES JR., M.D.  PHYSICIAN'S LESLIE R. MILES JR., M.D.  20. BURIAL CREMATION, REMOVAL (Specify)  3/22/1960  Mt. View Cemetery  ADDRESS  J. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  LONACON TNG? MD.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  LONACON TNG? MD.	21. I certify	that I attended the decease	sed from July	19.57, to	March 19, 196	Othat I last	saw the decease
ACTUAL SIGNATURE SIGNATURE M.D. Main St. (3, 1916)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT MAN. (Stote)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT MAN. (Stote)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT MAN. (Stote)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT MAN. (Stote)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT MAN. (Stote)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT MAN. (Stote)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT M.D. (STOTE)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT M.D. (STOTE)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT M.D. (STOTE)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT M.D. (STOTE)  PHYSICIAN'S LESLIE R. MILES JR., M.D. GOVERNMENT M.D. (STOTE)  PHYSICIAN M.D. GOVERNMENT M.D. (STOTE)  PHYSICIAN M.D. GOVERNMENT M.D. (STOTE)  PHYSICIAN M.D. GOVERNMEN	alive an	rauch 15, 196	and that deal	h occurred at 6100	in .		
PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN'S LESLIE R. MILES JR., M.D., FONCE ON THE STATE OF CEMETERY OR CREMATORY  PHYSICIAN STATE OF CONTROL OF CONTROL OR CREMATORY  PHYSI	0	2-17-0	(1)				DATE SIGNE
20. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUTIAL  22c. NAME OF CEMETERY OR CREMATORY W. View Cemetery  ADDRESS TON ACON TNG?  MD.  22d. LOCATION (City, town, or county)  MOSCOW, MD.  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS TON ACON TNG?  MD.		sleely- Mile	-A-	M.D. Wain	1 St.		3.19.60
REMOYAL (Specify)  3/22/1960 Mt. View Cemetery  Moscow, MD.  3-EUNERAL DIRECTOR'S SIGNATURE  1-ON ACON TNG? MD.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  1-ON ACON TNG? MD.	PHYSICIAN'S L	ESLIE R. MIL	ES JR. MID.	Gonace	suing N	w.	
GEORGE ETCHORN TONACONTNG? MD.	REMOVAL (Speci	ful a a			90		(Stote)
	23. FUNERAL DIRECTO		ADDRESS	2 MT) 240. REC			



**CERTIFICATE OF DEATH** 

02756

				Keg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who a STATE MARYLAND	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)     CTIMBERT AND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporote limits, write RU	
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPI	TAL	H 491 BALTIM	ORE AVE.	YES NO X
3. NAME OF First DECEASED (Type or print) JAMES	E dward	McKalvey	4. DATE Month OF MARCH	21 19 60
6. COLOR OR RACE 7. MARR MALE WHITE WIDOW	RIED NEVER MARRIED DIVORCED X	B. DATE OF BIRTH MAY 5, 1909		Months Doys Haurs Min.
0a. USUAL OCCUPATION (Give kind at work done 10b. during most of warking life, even if retired)  CO-Owner & Mar.	withern Bar?	Williamsp		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
James McKalvey		Anna	Shields	
(Nes, no, or unknown)   If yes, give war or dates of service)		Irs. Thomas	Beck 546 Nat	INI CI .
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	Thrence			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last.	Chrones B	lomeraloney	skret.	12mo
PART II. OTHER SIGNIFICANT CONDITIONS OF Believed	2 /	NOT RELATED TO THE TERMI	nal disease condition give	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I ar Port II of item 1B.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. II Hour o. m. 19 While p. m. 19	Not while fo	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City or town)	(County) (Stote
21. I certify that I attended the deceas				
actual SIGNATURE ACTUAL	0 0,0,0		ADDRESS (Street, city or town, s  11wood Street,	I an the date stated above tote) DATE SIGNE 3/23/60
PHYSICIAN'S L. Michael Glic		Cumberlan		
220. BURIAL CREMATION, BURIAL (Specify) 3/24/60	St. Mary 1			d, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cum	berland, Mai			TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 d in by the funeral director, REAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remave corbon page the registrar prior to burial action, ar remaval, and in any event within 72 hours after death 10 Peg VS A1S (4) 1SM 9/S8

HETASO TO STADISHTEND STATE the control of the second of the control of the con / se/for a fig. that the second secon received the control of the control

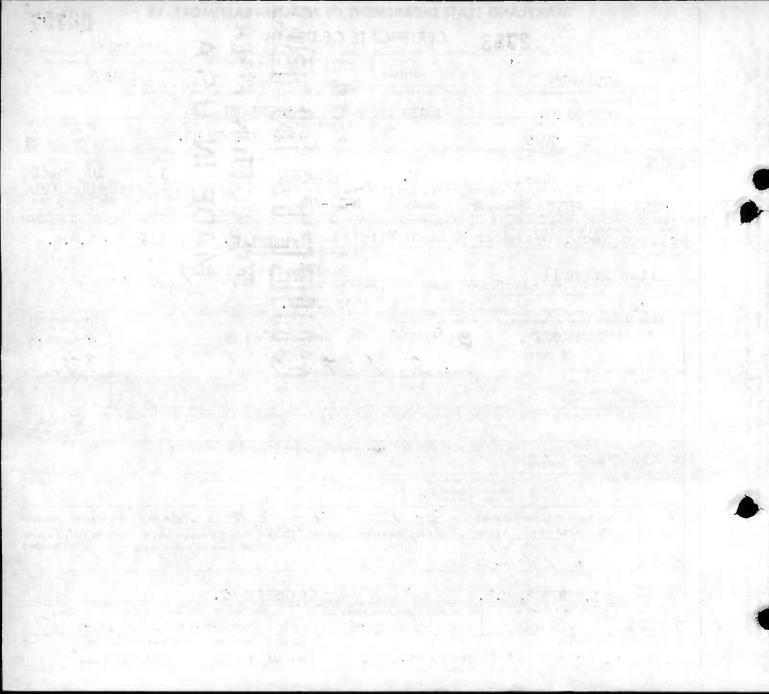
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

2753

Reg. Dist. No.

	2103			11.13 163	Keg.	DIST. No.
1. PLACE OF DEATH  a. COUNTY  AT.I.FY: ANY		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARM		COLLEGE STATE	dence before admission) EGANY
b. CITY OR TOWN (If outside corporate I RURAL and give nearest town)	imits, write c. LENG	GTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate lin	mits, write RURAL ar	nd give nearest town)
CUMBERTAND		2DAYS	OL CUMBI	ERLAND		
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION SACRED HEAR			A. STREET ADDRESS	OLDTOWN	RD.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle H •	Lost MERRILL	4. DATE OF DEATH	Month 3	Doy Yeor 10 1960
S. SEX 6. COLOR OR RAC		NEVER MARRIED	B. DATE OF BIRTH	9. AG		ER 1 YEAR IF UNDER 24 HI
MALE WHITE	WIDOWED	DIVORCED [	4-11-78	los	( Sizhdoy) Month	s Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if retir Retired Mech. Op			re Plant MA	RYLAND 1		Md . U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I			
Elias Merrill			Barbara	Broadwa		
15. WAS DECEASED EVER IN U. S. ARMED FI (Yes, no, or unknown) (If yes, give wor or dates	of service) 16. SOCIAL NON		PT'S CHART.		Address	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE  Conditions, if ony, which gave rise to immediate couse (a), stating the under:  VOLUME  PART II. OTHER SIGNIFICANT CO  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE)  CIFETITHER, NOTIFY MEDICAL EXAMINET	TO (c)		aturaled to THE TERM		IDITION GIVEN IN F	2 Hacs  PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	206. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II of	item 18.)	
20c. TIME OF INJURY Manth, Doy, Hour o. m. p. m.	While _ No	CCURRED 20e. P	LACE OF INJURY (Home, form actary, street, affice bldg., etc	n, 20f. (City or ta	~n)	(County) (Sto
21. I certify that I attended to alive an STORY TO THE SIGNATURE PHYSICIAN'S NAME (Type) T. BRING			_M.D	M, fram the caddress (Street,	causes and an	last saw the deceas the date stated abay DATE SIGN
220. BURIAL, CREMATION, 22b. DATE THER PEMOVAL (Specify) 3-13-6	REOF 22c. N	AME OF CEMETERY		22d. LOCATION (	City, town, or count	- 2
23. FUNERAL DIRECTOR'S SIGNATURE		DDRESS		D BY REGISTRAR	24b. REGISTRAR'S	N
James F. Scarpe	lli Cumb	erland, M	d. DATE M	AR 1 5 '60	arthur	S. Krans

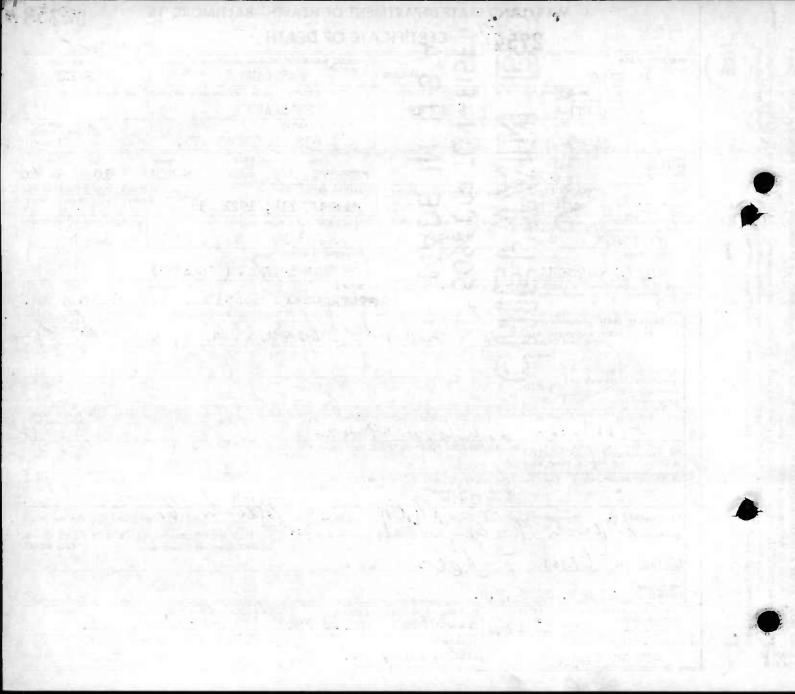


ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

2754 CERTIFICATE OF DEATH

Reg. Dist. No.

	21	V_3			Reg. Dist. IV	· · · · · · · · · · · · · · · · · · ·
)	1. PLACE OF DEATH  o. COUNTY  ALTEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARY)	L CC	MINITY	fare admission) _EGANY
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)  CUMBERLAND	write c. LENGTH OF STAY IN 16  HOURS	c. CITY OR TOWN (IF or		write RURAL and give n	earest town)
2	d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION SACRED HART		/d. STREET ADDRESS 632 F.	AIRMONT AVE	E,	e. IS RESIDENCE ON A FARM? YES NO-L
	3. NAME OF First DECEASED (Type or print) RUTH	Middle	MERRITT	4. DATE OF DEATH	Month (	Day Year D 19 60
		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  MARGHJUT.YLL	9. AGE (In lost birt		Hours Min.
1	10a. USUAL OCCUPATION (Give kind of wark da during most of working life, even if retired) HOUSEWIFE	ne 10b. KIND OF BUSINESS OR INDU House	MARYLAND		12.CITIZEN	OF WHAT COUNTRY?
)	13. FATHER'S NAME WILLIAM MITCHELL		EVELYN LUT		ASED)	
	15. WAS DECEASED EVER IN U. S. ARMED FORCE  Yes, no. or unknown    (If yes, give wor or dates of servi	1-1	NFORMANT	Hospital	Address	and, Md.
5	Ex Lum	TIONS CONTRIBUTING TO DEATH BUT	Khais			19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year Hour a.m.	While Not white fo	D. (Enter nature at injury in h ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City ar tawn)	(Count	y) (State)
	21. I certify that I attended the olive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DAVID T. REES	, 19 64 ond that death	M.D	M, from the caus	r town, state)	ow the deceosed te stoted obove. DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Mar 12 1	960 Hillcrest H		22d. LOCATION (City, Cumb e	7 7 00	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight	Cumberland,	713		a. REGISTRAR'S SIGNAT	



-CERTIFICATE OF DEATH

02759

	645				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY A	llegany	MARYLAND	2. USUAL RESIDENCE (WH	nere deceased lived. If institution b. COUNTY	an: Residence before admission) Allegany
RURAL and give i	(If outside corporate limits, write nearest town)  ACONING	c. LENGTH OF STAY IN 16	1 4 -	outside corporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	Main Street	address)	d. STREET ADDRESS	n Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARGARET First	Middle H •	MOORE Lost	4. DATE Mon OF DEATH 3/19	th Doy Yeor /1960 19
5. SEX Female	White widow		8. DATE OF BIRTH 11/2/1878	9. AGE (In years lost birthday) 8 Lyrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Housew	ION (Give kind of work done 10b orking life, even if retired)  VORK	. KIND OF BUSINESS OR INDI Home	JSTRY 11. BIRTHPLACE (Stole Scotla		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Lexander Smit		Marga		
(Yes. no. or unknown)	(If yes, give war or dates of service)	None N	liss Hilda M		onaconing, MD.
	ATH (Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).]	cercial Daugh	ter) tulune	INTERVAL BETWEEN ONSET AND DEATH A COLL
Conditions, if a gove rise to cause (o), stating lying cause lost.	immediate DUE TO	teriosclero	tierd	seasl	years
CATI	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	/AS UNDERLYING   20b. DES G   CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in f	Port I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 20d. I While of wor	Not while to	LACE OF INJURY (Hame, form, actory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify to	hat I attended the decease	sed from Jeens	occurred at 1130	M, from the causes a ADDRESS (Street, city or town,	,that I last saw the decease nd on the date stated above
ACTUAL SIGNATURE	ship. Mil	erf.	M.D. Main	st.	314.60
PHYSICIAN'S LE	ESLIE R. MILE	5, JR. M.D.	Formas	pring	My.
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF 3/22/1960	22c. NAME OF CEMETERY C	Park	22d. LOCATION (City). town, a Frostburg	
23. FUNERAL DIRECTOR GEORGE	EICHHORN	LONACONING.	MD DATE	110 0 0 100	TRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

2 PARERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely a shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pribe registrar prior to burial, remain, ar removal, and in any event within 72 haurs after death TO HOSPITAL OR

filled in by the funeral director, I and 2 shauld be filed with

TO VS A15 (4) 15M 10/57

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talget stab and makes sand				
	SCO VISIONS			
	ment to			

Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02760

e. IS RESIDENCE ON A FARM?

YES NO D

Year

19

60

Reg. Dist. No

Allegany

Day

5

Months Days Hours Min

IF UNDER TYEAR IF UNDER 24 HRS.

b. COUNTY

Manth

March

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Virg	inia				US.	A	1.36
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Amanda	?						
	LOWE-		Address				
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					INTE	RVAL BETW	EEN
is. Pu	lmona	ry	Eden	ıa		Weel	(S
Cardio	vascu	lar	Dis	ease			
			2.2				
- 40							
TO THE TERM	INAL DISEASE	CONDITI	ON GIVE	N IN PART	1(a)		AUTOPSY PRMED?
of injury in Par	t I or Part II	of item 18.	.)			1/2	
RY (Home, farm ffice bldg., etc.	20f. (City	or lawn)		(Cau	nty)		(State)
an Autaps	y , In	spectia	n X,	Inquir	y X	, and	find that
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							LONES.
EF MEDICAL EX	CAMINER -					DAIL	IIGNED
STANT MEDIC	AL EXAMINER						
UTY MEDICAL	EXAMINER D	M	arch	15,	19	60	
Y	22d. LOCAT	ION (City,	tawn, or	county)		(Slal	e)
ark	Cumh	erla	and,	Md.			
	D BY REGISTI			RAR'S SIG			
DATE N	IAR 8 '	60	a	ribun S	. 1h	alla	1

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

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. At I Treeted	L. STRONG RESIDENCE		

to burial, crematian, ar remaval, and in any eventurithin 72 hau

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY	ALLEGANY		MARYLAND	2. USUAL RESIDENCE O. STATE PENI	(Where deceased			before admiss EGHEN	V
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limi earest town) OSTBURG	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ote limits, write RI	URAL ond give	nearest town	n)
d. NAME OF HOSPI OR INSTITUTION	NERS HOSP	ITAI	address)	d. STREET ADDRES	SS			ON A	FARM?
3. NAME OF DECEASED (Type or print)	CHARLES	st	CLAYTON	MURPHY	4. DATE OF DEATH	MARCH	-		Year 1960
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  JAN. 29,	1900	9. AGE (In years last birthday) 60 yrs.	Months Do	YEAR IF UNDI	Min.
10a. USUAL OCCUPATION during most of wor MAUHINE O	king life, even if retired	)	COPPER MILL	11. BIRTHPLACE (S MARY)	LAND	untry)		·S·A·	OUNTRY?
ARTHU	R MURPHY			CORI	LISTA G	ROGHAN			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ervice) L		NFORMANT		Addr		477	
	(ii you gra war ar adias or	16	9-10-4191 S	AMUEL MURI	PHY, La	VALE,	MD.	100	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate  DUE TO	)	Metastatio	JP . A. Tech	oma		ver	INTERVAL BE	
lying couse lost.	(c	:)(:)	Carcinoma	of Ac	endin	9 Col	on,		
ICATIC		DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASÉ	CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injur	y in Part I or Port	If of item 18.)			
ZOc. TIME OF INJUR Hour a. m. p. m.	RY Manth, Doy, Ye	ar 20d. II While at war	Nat while fo	ACE OF INJURY (Home, ctory, street, office bldg.		or town)	(Cou	inty)	(State)
21. I certify the saw the decea	3.6	) attendarch	ded the deceased fram. 159, 6 and that					late stated	abave.
	Alvin	K.	Walter	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		3/	SIGNED
22c. PHYSICIAN'S NAME (Type)	ALVIN J.	WAI	TERS, M. D.	48 BRO	ADWAY,	FROSTBU	RG, M	D.	
23a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	MAR. 17	160		EMETERY			OUNTY	(Stat	(e)
JOSEPH K	S SIGNATURE	+	FROS TBURO		MAR 1 8 6		strar's sign		

Tire selection with the different THE LABORATE OF THE PERSON AND THE STREET, SEE STREET, The state of the s A CONTRACT OF THE PROPERTY OF THE 150 PT STORE OF STREET SOUNTY ONE AND THE PROPERTY TO A STANDARY AND A STANDARY OF A STA

## MARYLAND STATE DEPARTMENT OF HEALTH

02762

		4433	CEKTIFICA	IE OF DE	AIII				
1. PLACE OF DEATH a. COUNTY A	LEGANY		MARYLAND	O STATE	RYLAND	ed lived. If institut b. COUNTY			)
b. CITY OR TOWN ( RURAL and give n  CUMBERLA		ts, write c. LENC	DAYS	107	WN (If outside corp	porote limits, write l	RURAL ond give	nearest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gIAL HOSPITA			d. STREET ADD		STREET		e. IS RESIDE ON A FA YES N	ARM?
3. NAME OF DECEASED (Type or print)	Fir J	OSEPH	Middle E. M	IYERS Last	4. DATE OF DEAT	мо <b>н</b> М	ARCH	3 19	60
s. sex	6. COLOR OR RACE WHITE	7. MARRIED N	DIVORCED	B. DATE OF BIRTH	1873	9. AGE (In years lost birthdoy)  86 yrs.	Months Do	EAR IF UNDER 2	Min.
RETIE	king life, even if retired	done 10b. KIND OF		CUMBE	RLAND, M			S.A.	INTRY
13. FATHER'S NAME	IN MYERS			14. MOTHER'S M	ERINE GRE	FN			
15. WAS DECEASED EVE {Yes, no, or unknown}			SECURITY NO. 17. IN	FORMANT WAR		MORIAL A	VENUE LAND, M	ARYLAND	
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate (	Oln	firmi	ties	Jage.	dise	is.	Opr 14	6
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH	og ble	UTING TO DEATH BUT	roma	mara	usl u	COL	PERFORM	TOPSI MED?
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While No	CCURRED 20e. PL. t while gar	ACE OF INJURY (Ho ctory, street, office b	me, form, 20f. (C	ity ar tawn)	(Cou	nty)	(Stote
21. I certify the	at (I) (this hospital	) attended the	1- 0		19:50 A	M. San the couses a		that (I) (we lote stated a	
22o. SIGNATURE	VX.7	Bill	nous	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.		22b. D	DATE IGNE
22c. PHYSICIAN'S NAME (Type)	DR. W.F. W	ILLIAMS		22d. ADDRESS	Tum	berla	ud,	nee	
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	1	0/0 -	ame of CEMETERY O	r CREMATORY  Sem. Par		ostburg	or county) Md.	(Stote)	
24. FUNERAL DIRECTOR Byron			and, Md.		Sa. REC'D BY REG		istrar's sign		

ed in by the funeral directar,
I and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely per 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Permit State Board of Health price burial, crematian, ar remaval, and in any event, within 72 hours and

VR A1S (4) 1SM 9/59

PASS CHARGE IS OF DAVID

THE TO VELLAVOR. JAT 15201 July 2013 EXIGED TO ANY COME TO CONTROL OF THE PROPERTY OF THE PROPERTY OF The first territorial to the State of the St

THE RESIDENCE OF STREET

VS A1S (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2756 CERTIFICATE OF DEATH

	64			N N	(eg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl.	and b. COUNTY A	Residence before admission)
b. CITY OR TOWN RURAL ond give i		c. LENGTH OF STAY IN 16 2/20/60	c. CITY OR TOWN (IF o	outside corporate limits, write RUR. rland	AL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street gany County	address) [nfirmary	/ d. STREET ADDRESS 222 P	ear Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Elizabe	Middle	Odgers	4. DATE Month OF DEATH March	h 1, 1960
5. SEX Female	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 5/15/1884		Onths Days Haurs Min.
10a. USUAL OCCUPATE during most af wa Housewif	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country) g, Maryland	U. S. A.
13. FATHER'S NAME	Alfred Thoma	a g	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give wor or dates of service)	SOCIAL SECURITY NO.	INFORMANT P. O. BO		Cumberland, Mo
	immediate DUE TO	22	cardial seler	Dequerati osis nos cler	INTERVAL BETWEEN ONSET AND DEATH
САТІС	Meerate	CONTRIBUTING TO DEATH BY	NOT RELATED TO THE TERMI	NAMES EASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING A 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJU Haur a. m. p. m.	10 While	.1	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(Caunty) (State)
21. I certify to alive on3/  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	1/60 , 19 Dr. James E.	and that death	M.D. 49 Gr		on the date stated above DATE SIGNED 3/1/60
220. BURIAL, CREMATI REMOVAL (Specify Burial	3/4/60	22c. NAME OF CEMETERY C		22d. LOCATION (City, tawn, or	
23. FUNERAL DIRECTOR	r's signature afer. Cumberlar	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE
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Od (For	a. 1955		
	75/1884 75		Female whise
ALE F	groathers, thryland		#2inonnoH
	Rebecch Hayes  F. J. Box 509,  P. J. Box 509,	ALVANA S	
	12:00 Koon	2/20/60	3/2/62
	.da onscret Qu	Harry S.	The Secretary was
12 /2 6			
3/1/50	Orabertand, Md.	nataleli. R	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
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VR A15 (4) 15M 9/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Alle	egany	MARYLAND	2. USUAL RESIDENCE (W	here deceased	l lived. If instituti b. COUNTY			
b. CITY OR TOWN (If outs RURAL ond give neorest Westernpon	town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	12.0	rate limits, write R	RURAL and give	nearest town)	
d. NAME OF HOSPITAL (IF OR INSTITUTION 330 F)	not in haspital, give stree	et oddress)	/d. STREET ADDRESS 330 Front				e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print)	First illiam	Middle Stanislaus	Lost Paskun	4. DATE OF DEATH	Mar.	nth 1.7	Day Year	
	.77 + 1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 7,186		9. AGE (In years last birthday) 91 yrs.	Months Day	AR IF UNDER 24	
Pan Room Open	So over it retired?	b. KIND OF BUSINESS OR INDU	Lithunia		ountry)	U.S	OF WHAT COUR	NTRY
13. FATHER'S NAME	ement	Paskun	14. MOTHER'S MAIDEN		salie	Ma	IN',S	
1S. WAS DECEASED EVER IN (Yes. no. or unknown) (If yes,	give wor or dates of service)		Mrs. Monroe Pe	earce_W		ress ort, Md.		
PART I. DEATH WIMM  Canditions, if any, v gove rise to immercause (a), stating the y lying cause last.	DUE TO  which (b)	Pneumonia Cerebral vasc	cular accide	ent			3 da	
1121	ongestive	S CONTRIBUTING TO DEATH BU  heart failus  ESCRIBE HOW INJURY OCCURR	<b>?</b> e			VEN IN PART 1(c	19. WAS AUTO PERFORME YES NO	ED?
20c. TIME OF INJURY M Hour o. m. p. m.	Nonth, Day, Year 20d	6.	LACE OF INJURY (Hame, farr actory, street, affice bldg., et-		ar tawn)	(Cour	ity) (	(State
-	illiam (	nded the deceased fram. 17,19,60, and that	M.D. ATTENDING M.D. PHYS. 22d. ADDRESS	AED.	March 1 The causes an STAFF PHYS.   Vestern	nd an the do	ate stated ab 22b. DA SIG	oave
23a. BURIAL, CREMATION, 2 BUTTAL (Specify)	3b. DATE THEREOF 3/21/60	23c. NAME OF CEMETERY St. Peters			ernport,	ar county)	(Stote)	
24. FUNERAL DIRECTOR'S SIG	GNATURE	ADDRESS Westernport		AAR 2 2 '	00	ISTRAR'S SIGNA		

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

ICATE OF DEATH

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with	1. F	PLACE OF DEATH					
iled (M)	9	ALLEG	ANY			MAR	YLAND
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ath.		(Type or print)		MARY		E.	
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offe in a		PART I. DEAT	H WAS CAU	SED BY:	(	Texel	-
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9 9 9 9	CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYIN  CAUSE OF MEDICAL EXA	DEATH MINER)	Ob. DESC	RIBE HOW INJURY (	OCCURR
certific certific e as the burial,	MEDICAL	20c. TIME OF INJURY	Month,	Doy, Year	1000	IJURY OCCURRED	20e. P
this certain the property of t	MEC	p. m.		19	While at wark	Nat while ot wark	
After After hed fo		21. I certify tha	(1) (this h	aspital)	attend	ed the deceased	fram
TOR: Aft detached Health H		saw the deceas		63	.8		d that
TOR:		22a. SIGNATURE	5/	1	20	2:	1
REC bed		22c. PHYSICIAN'S	VMC-	9.	No	ellen	-2-2
NERAL DIRECTOR: 3 should be detact tate Board of Health		NAME (Type)	DR	. W.	F. W	ILLIAMS	
State State	230	BURIAL, CREMATIO		E THEREOF		23c. NAME OF CEA	
the		REMOVAL (Specify)	_1	11-6		St.Geor	
2	24	FUNERAL DIRECTOR'S	SIGNATURE	Hate	Jo 14,1	IN ADDRESS H	OMA

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Doys Hours ED T **JANUARY** 12. CITIZEN OF WHAT COUNTRY? OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MT. SAVAGE. MARYLAND U. S. A. 14. MOTHER'S MAIDEN NAME LAURA SHAFFER 17 INFORMANT Address MEMORIAL HOSPITAL, CUMBERLAND, MD INTERVAL BETWEEN ONSET AND DEATH EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO DA OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 19 (Sihat (I) (we) last that death accurred 6:00M, fram the causes and an the date stated above. 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR | 22d. ADDRESS AETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Cemetery Mt. Savage Md. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR ome DATE MAR 1 1 '60 Cothur S. Kraus

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Month

MARCH

MT. SAVAGE. MARYLAND

4. DATE OF DEATH

MARYLAND

d. STREET ADDRESS

POLLOCK

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

VR A15 (4) 15M 9/59

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Y(4)11.	CORP. TANK		AMARINA - I				
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02768

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY b. COUNTY Allegany O. STATE MARYLAND Penna Bedford b. CITY OR TOWN IIf outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) and give nearest town) Cumberland davs Hyndman d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital YES NOT RD NAME OF First Middle 4. DATE Last Month Day Year DECEASED OF (Type or print) ROBERT EUGENE PRINTY 12 MARCH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 14 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours 12 WIDOWED | Feb. 3 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) C umberland. Md. USA Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen Print Reada Burley Robert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Robert Hyndman. Pa. Printy. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Contusions of Brain. Diffuse davs DUE TO Multiple Skull Fractures Candilians, if ony, which days gave rise to Immediate couse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. EXTERNAL CAUSE WAS PRIMARY 12 or CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) automobile while on bicycle 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slate) factory, street, office bldg., etc.) White Not white of work | 1960 8:40 p.m. Mar. 9 Highway near Hyndman, Bedford, Penna 21. 1 certify that I tack charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and find that Accident K, Suicide , Homicide , Undetermined cause . death resulted from: Natural causes . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) March 12 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) Mar. 16, 1960 Porter Cemetery Hyndman, Pa. RD#1 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Hyndman, Pa

DATE MAR 1 6 '60

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VS. A15ME(5) 5M 9/55

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	Control of State of S		

# FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 100 forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files, and Medity Page 3 should be used as a burichtransis permit. File pages 1 and 2 with State Board of Health, arrise designated agent, page 10 burial, cremation, or removal, and in any event within 72 to some death. its designated agent, p

VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2758 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY Allegany MARYLAND						2. USUAL RES		Vhere decease	d lived. If institu		dence be		ission)
60	Ь	CITY OR TOWN (It outside corporate limits, write RURAL ond give near all fown)  Cumberland  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give near all fown)  Cumberland  Cumberland									neorest to	own)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Memioral						d. STREET ADDRESS  93 Poplar  e. IS RESIDENC ON A FARM YES NOT							A FARM?
		3. NAME OF First DECEASED (Type or print) Frederick		W.	Middle मुग	Pri	tts	1	4. DATE OF DEATH	Mont Mar.	h	Doy 14		reor 1960
	5. S	Male	2.52	MARRIE	DEVER MARRIED	-	-	, 1893		9. AGE (In years loss birthday) 66 yrs.	Months	R 1YEAR Days	Hours	Min.
	10a.	usual OCCUPAT during most of work Outting M	ION (Give kind of work doing life, even if retired) achine Opera	ter C	IND OF BUSINESS OR I	NDUSTR	Mary	ACE (Stote	or foreign co	untry)	12. CI		F WHAT	COUNTRY?
	13.	FATHER'S NAME		1			14. MOTHER'S	MAIDEN N	IAME					
	- 1	Francis	Pritts				Har	riett	Schoo	lie				
			VER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INI	FORMANT			Address				
I	100	no, er unknown)	(If yes, give war ar dates at se	rvice) 2	15-10-8065	1	Mrs F.F	. Pri	tts-We	sternpon	rt, M	đ.		
2	MEDICAL CERTIFICATION	20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH.								RT I(o) I	yes X	•=		
الم		ACTUAL SIGNATURE EXAMINER'S NAME (Type)			tarelic,	M.D	ASSISTA	NT MEDICA	AMINER [] AL EXAMINER EXAMINER [X	-	h 17	, 1	960	
	220	REMOVAL (Specif	ON, 226. DATE THEREOF		22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCAT	ON (City, town,	or county)		(State	(e)
	Parent de	Burial	3/17/60		Philos					ernport			Md	
	23.	EUNERAY DIRECTO	R'S SIGNATURE	We	address sternport.	Md.			R 21 '60		STRAR'S S		-	

MAKALAND STATE DOTA TAMEN OF REALTH-BALINA ORL THE PROPERTY OF THE PROPERTY OF THE PARTY OF DEATH CONTROL OF SHAPE HE CONTRACTOR TO THE REAL PROPERTY OF THE PARTY OF TH the legit second dinesters English that the little of the Decree Asserted Live Co. 15 and All The Series C. THE THEORY OF THE PARTY OF Market special to allocated velocity to the second dank . Wi metall

1B. CAUSE OF DEATH [Enter only one cause persline for (a), (b), and (c),

DUE TO

DUE TO

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o).

Conditions, if ony, which gove rise to immediate

couse (a), stating the underlying couse last

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO V 1100 HILL SIDE STREET 4. DATE Manth Year OF DEATH MARCH 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Days Hours Min. MARCH 12. 1960 12. CITIZEN OF WHAT COUNTRY? CUMBERLAND, MD. U.S.A. 14. MOTHER'S MAIDEN NAME CLARA A. WARNICK Address CUMBERLAND, MD., MEMORIAL H OSPITAL INTERVAL BETWEEN ONSET AND DEATH Nau. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

(Stote)

SIGNED

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20f, (City ar town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Haur a. m. While Nat while at wark at wark

p. m 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred a R: 10MAMom the causes and an the date stated above. saw the deceased alive an 224 SIGNATURE

ATTENDING PHYS. M.D. DIRECTOR \_ BEDFORD ST .. 22d. ADDRESS 22c. PHYSICIAN'S CUMBERLAND, MD. K XEX XXX H K K XX X BC K H

23b. DATE THEREOF 23d. LOCATION (City, tawn, ar caunty) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Burla Philos Cemetery Westernport

25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Piedmont, W.Va. DATE MAR 1 6 '60 arthur & Know

VR A15 (4) 15M 9/59

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be retained by the NERAL DIRECTOR:

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TO NEW YORK STREET, AND THE ST #217144 . B.45 THE STATE OF THE STATE OF THE STATE OF THE M.W. Jacobs H. W. Jacobs H. W. Jacobs H.

02769

CEDTIFICATE OF DEATH

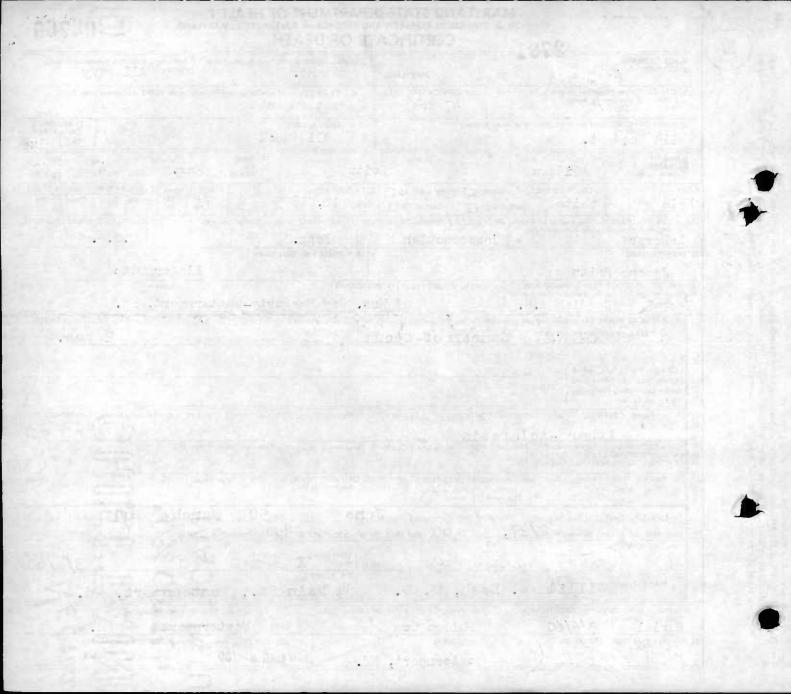
		2701		CERTII	CAI	LOIL	LAIII						
1.	PLACE OF DEATH a. COUNTY	llegany		MARYI	AND	2. USUAL RE	Md.	ere deceased	l lived. If institution b. COUNTY				ion)
	b. CITY OR TOWN (I RURAL and give ne Westernpo	f outside corporate limits, v carest town)	vrite c. Ll	47 Yrs	N 16		town (If o		rote limits, write R	URAL and g	jive nea	rest town	1)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give St.	street oddre	ss)		d. STREET	ADDRESS	d					FARM?
3.	NAME OF DECEASED (Type or print)	First Gådeon		Middle	Re	itz	ast	4. DATE OF DEATH	Mar. Mon	th	Pay		Year 19 <sup>60</sup>
-	sex fale	1172 2 4 0	MARRIED Z	NEVER MARRIE	,	May 10,			9. AGE (In years last birthday) yrs.	IF UNDER Months	1 YEAR Days		
100	u. USUAL OCCUPATION during most of work Laborer	ON (Give kind of work done king life, even if retired)		of Business of			PLACE (State	or foreign co	ountry)		ZEN OF	WHATC	OUNTR
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME		200			
	Joseph 1	Reitz				- 100			Linde	rmutte	0		
(Ye	s, no, or unknown	R IN U. S. ARMED FORCES (If yes, give war or dates of service Spanish A.W.		AL SECURITY NO.		ormant s. Ray	Hagger	rty_We	Addi sternpor				
CERTIFICATION	Conditions, if or gave rise to it couse (a), stoting lying cause last.  PART II. OTH	mmediate the under- the under- ter significant conditi thero-scle sunderlying 1 206	ons conti		TH BUT N	NOT RELATED				'EN IN PART	2.3	P. WAS PERFO	AUTOPS DRMED?
MEDICAL CER		10	While	OCCURRED Not while of work		CE OF INJURY ory, street, off			or town)	(0	County)		(Stat
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAM'S NAME (Type)	tilliam le.	Al		that de	ath accurr  ATTENDI PHYS.  22d. ADD	ed at LA	D. RECTOR	March the causes an  STAFF PHYS.   Nestern		date	3/L	
	REMOVAL (Specify)	13/6/60	_	NAME OF CEME		CREMATORY			ternport		Md.		e)
24.	FUNERAL DIRECTOR	SIGNATURE	We	address	t. M	d.	250. REC'I	R 8 'E		STRAR'S SIC			

Westernnort, Md.

DATE MAR 8

d ma ==

the State Board of Health pr VR A15 (4) 15M 9/59



# FOR STATE HEALTH DEP DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 1/2 and the forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with 5 total Board of Health, or 7/3 designated agent, page 1 burial, cremotion, ar removal, and in any event within 72 tars condeath.

TO DEPUTY

10 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2784 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					neg.	D131. 140.
1. PLACE OF DEATH	Allegany		2. USUAL RESIDENCE (V		b. COUNTY	
	Allegany	MARYLAND	Mary	land	Α.	llegany
b. CITY OR TOWN (I) and give negrest town Frostbu		c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	1 Cumb		nd give nearest town)
	TAL OR INSTITUTION (If not in ho	spital give street address)	d. STREET ADDRESS	1 Cumb	erranu,	e. IS RESIDENCE
	Hospital	spilat, give sincer oddiess)	Green Po	int Rd.	La Vale	ON A FARM?
3. NAME OF DECEASED (Type or print)	JOSEPH	Middle JOHN	RILEY	4. DATE OF DEATH	Month	Doy Yeor 1960
5. SEX Male	White WIDOWE	ED NEVER MARRIED B		939 2	birthday) IF UNDE Months	R TYEAR IF UNDER 24 HRS.  Days Hours Min.
during most of working	ON (Give kind of work done 10b. ng life, even if retired) railer Driver	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole Cumberl			TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
Joseph	J. Riley Sr.		Yeteiv	e Wilki	nson	
15. WAS DECEASED EV	Ill you give war as dates of servicel	social security No. 17. H 15-36-8623Mr		. Riley	Sr. Rt.	# 1 Cumb. I
Conditions, if a gove rise to imme (o), storing the couse lost.	ediote couse	btured Flve btured Pt yeture 7 4	Lung - Haemo	taemoth.	OYAX	PT In Ing. WAS AUTORY
CATIO						PERFORMED? YES NO
	USE WAS NITRIBUTING   206. DESCRIB	Tomo bile	TCCIAPI		n 18.)	
20c. TIME OF INJU	Ma To While	Not white ork of work	CE OF INJURY (Home, formory, street, office bldg., etc.	)   /	East Gran	TSUILE MA
	hat I took charge of the resulted fram: Natural			T -	der.	manner
ACTUAL SIGNATURE	wome/	ane	_M.D. CHIEF MEDICAL EX		6.0	DATE SIGNED
EXAMINER'S NAME (Type)	e.om La	ine MA	ASSISTANT MEDICAL	EXAMINER X	Mar	
220. BURIAL, CREMATIC REMOVAL (Specify Burial		22c. NAME OF CEMETERY OR Hillcrest E	CREMATORY Burial Park	1 -	rland, M	
23. FUNERAL DIRECTOR		ADDRESS			24b. REGISTRAR'S S	The second secon
H. Wayne	e George Cumb	erland, Md.		4 0 100	011-0	

AND THE PROMITION OF HEALTH - TAIL ON THE SE CYSS MEDICALEYAMINER'S CESTIFICATE OF DEATH 

MARYLAND	STATE DEPARTMENT OF	HEALTH—BALTIMORE,	18
OFICO	CERTIFICATE OF	DEATH	

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1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl	ere deceosed lived. If institution: Resi and b. COUNTY A1	idence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neocest town) Cumberland	c. LENGTH OF STAY IN 16 2 months	- M	utside corporate limits, write RURAL o	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 3 Decatur Street	oddress)	/d. STREET ADDRESS 3 Dec	atur Street	e. IS RESIDENCE ON A FARM? YES NO X
NAME OF First DECEASED (Type or print) EARL	MATHIAS R	Last OYCE	4. DATE Month OF DEATH March 18, 1	Day Year .960 19
. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH Sept. 25, 19	9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  Bi	KIND OF BUSINESS OR INDUS		or foreign country) oki, West Virgin	CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
William Royce		Anna Whit		
(Yes, no, or unknown) (If yes, give war or dates of service)		rl E. Royce	Cumberland, Mar	
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS (C)	or Ceres	Certer soler NOT RELATED TO THE TERMI	A DERICAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS CONTR	CRIBE HOW INJURY OCCURRE	C (Enter nature of injury in )	Part Lor Part II of item 18 \	PERFORMED? YES NO
Hour o.m. While		ACE OF INJURY (Home, form story, street, office bldg., etc	20f. (City or town)	(County) (State
21. I certify that I attended the deceas	ed fram. 3/12/5	, 19, ta	3/18/60, 19,that i	last saw the decease
actual SIGNATURE	Cham		M, from the causes and an ADDRESS (Street, city or town, stote) entre St. Cumber	DATE SIGNE
PHYSICIAN'S Bichard Willi			tre St. Cumberla	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/21/60	22c. NAME OF CEMETERY O Sunset Memor		22d. LOCATION (City, town, or coun Cumberland, Mar	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
John J. Hafer, Cumberla	nd. Maryland	DATEMA	R 2 3 '60 Carthur	9 H

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VR A15 (4) 15M 9/59 Novs 4/1/60 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2761

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1. PLACE OF											
o. COUNTY				MARYLAN	2. USUAL RESIDEN o. STATE	_		. If institution			ssion)
	LLEGAN	ide corporate lim	ita umita	c. LENGTH OF STAY IN 1	MARYLAN			A A	LLEGAN		·m\
RURAL a	nd give nearest	town)	iis, write	C. LENGIH OF STAT IN I	3WESTERN		corporote lif	niis, write ku	KAL and give	Hedrest 104	an,
d. NAME C	F HOSPITAL (H	nat in haspital, g	give street o	address) AVE	d. STREET ADDI	RESS					SIDENCE
MEMOR I	L HOSP	ITAL, MEM	ORIAL	& WARWICK	203 SPF	RUCE ST	REET				A FARM?
3. NAME OF DECEASED (Type or pr	int)	Fi	rst BY -BO	Middle	RYAN	4. DA	ATH	MARC		Day	Year 19 60
5. SEX	6. 0	COLOR OR RACE		IED NEVER MARRIED	B. DATE OF BIRTH			E (In years	IF UNDER 1 Y		
MAI	E	WHITE	WIDOWE	DIVORCED	MARCH 20.1	1960	los	t birthdoy) yrs.	Months Do	ys Haurs	Min.
0a. USUAL O during mo	CCUPATION (Cost of working I	give kind of work ife, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE	(State ar fore	ign country)		12. CITIZEN	1 S	COUNTRY
3. FATHER'S	NAME				14. MOTHER'S MA	IDEN NAME			1-1-1-1		
ME	ELVIN O	NEAL RY	AN		MARLEN	VE ANNE	MOORE	EHEAD			
13. WAS DECE	ASED EVER IN	U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 1	, INFORMANT			Addre	ess		
(Yes, no, or unkno	(If yes.	give war or dates of	service)		MEMORIAL HOS	SPITAL,	CUMBI	ERLAND	, MD.		71-1
			ouse per lir	ne for (o), (b), and (c).]	- A					INTERVAL E	ETWEEN D DEATH
PA	RT I. DEATH V	VAS CAUSED BY: SEDIATE CAUSE (c	of & Y	emal	unle	7	1000		4.0.1		
7'	73.5	DUE TO	~/ ~			1000			18.7		
Conditi	ans, if ony,	which ) (b	0)								
	ise to imme ), stoting the u	diote ( DUE TO		20. 10.00	,			1 - 1			
	use last.	) (0	-)	A CONTRACTOR							
D'	INT II. OTHER S	IGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DI	SEASE CON	IDITION GIVE	N IN PART 1(	PERF	ORMED?
20a. ACC OR CONT	RIBUTING C	DERLYING DEATH	206 0050	CRIBE HOW INJURY OCCU	RRED. (Enter nature of in	jury in Part I c	r Part II of	item 1B.)			
$\sim$	OF INJURY M	Sonth, Day, Ye	while	Not while	PLACE OF INJURY (Hor factory, street, affice bl		(City or tar	wn}	(Cau	nty)	(State
	p. m.		ui woii	K 🗆 di wolk	m t	60	2	-21	1060	.1111	
		4.1 . 1			6121				14600	, that (1)	,
21. 1 cer		472	) attend	led the deceased fra	- /		to				1 1
21. 1 cer saw the	deceased	472	attend W	1 "	m. 5/20 at death accurred a			causes and		ate state	
21. I cer saw the 22a. S/GA	deceased HATURE	472	attend W	1 "	M.D. ATTENDING PHYS.		Mm the o	AFF		ate state	2b. DATE
21. 1 cer saw the 23a. S/GA	deceased HATURE	472	A attend	1 "	attending	12:15, A	Mm the o	YS.   D ST.		ate state	
21. I cer saw the 22a. SKA 22c. PHYS NAM	deceased HATURE HICIAN'S E (Type) DR CREMATION,	472	MAXIME MAXIME	1 "	M.D. ATTENDING PHYS.  22d. ADDRESS	DIRECTO 125 B CUMBE	Mm the o	YS.   D ST.	d an the d	ate state	2b. DATE
21. I cer saw the 220. Stop 22c. PHYS NAM	deceased HATURE HICIAN'S E (Type) DR CREMATION,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MAXIME MAXIME	19 (ce), and the	M.D. ATTENDING PHYS.  22d. ADDRESS  Y OR CREMATORY	DIRECTO 125 B CUMBE	EDFORI RLAND	OST., MD.	d an the d	S/2-1	2b. DATE SIGNE

### ABO RO, FLAGRINIO

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE  MARYLAND	ere deceased lived. If institution b. COUNTY	an: Residence before admission)				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16		A NO	URAL ond give nearest tawn)				
0	d. NAME OF HOSPITAL (If not in haspitol, give street or INSTITUTION MEMORIALIN HOSPITAL		d. STREET ADDRESS	NGTON ST.	e. IS RESIDENCE ON A FARM? YES IN O IX				
	3. NAME OF DECEASED (Type or print) IDA AGNES	Middle SCHAIDT	Last	4. DATE Mont OF DEATH MARCH					
	S. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
	FEMALE WHITE WIDOWE		6/20/1884	75 yrs.	12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME	udent Nurses	Cumber lan	MARYLAND	U.S.A.				
	HENRY SANDERS			INE MALONE					
	(Yes, no, or unknown)   (If yes, give war or dates of service)		MORIAL HOSPIT	AL, CUMBERLAND					
	1B. CAUSE OF DEATH [Enter only one couse per in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of (o), (b), and (c).]	in arter	rio sele,	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if any, which (b)		Car	diobrace	w/ 3				
	gove rise to immediate cause (o), stating the under-lying couse last.			dea	esel Moa.				
0	PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	206. ACCIDENT WAS UNDERLYING   206. DESI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	art I ar Part II af item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. While p. m. 19 of wor	Not while fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.		(County) (State)				
	21. I certify that (I) (this haspital) attended the deceased fram. 12-11-19-54 to 2-6, 79 Affat (I) (we) last saw the deceased alive an 3/6/ 1960, and that death accurred at 9:48, from the causes and an the date stated above.								
	220. SIGNATURE A SKI. J.	selians	M.D. ATTENDING ME	D. STAFF PHYS.	3/8/50 DATE 3/8/50 DATE				
1	22c. PHYSICIAN'S NAME (Type) DR. W. F. WILLIAMS		22d. ADDRESS	uberland	3, Jul.				
	23d. BURIAL, CREMATION, BREMOVAL (Specify) 3/9/60	23c. NAME OF CEMETERY OF ROSE Hill C	emeterv	23d. LOCATION (City, town, o					
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I		STRAR'S SIGNATURE				
	H. Wayne George Cum	berland, Md.	DATE MA	R 1 1 '60   Cin	ing S. Krauf				

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2763 CERTIFICATE OF DEATH

2763

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W. a. STATE MARYLA		lived. If institution b. COUNTY	an: Residence before ALLEGA	ore admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ate limits, write R	URAL and give ne	earest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR MEMORIAL & WARWICK AVI	address)	d. STREET ADDRESS Rt. 220	PTOWN			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type ar print) JAMES	Middle HENR'V*	SHEPHERD	4. DATE OF DEATH	MARCI		1960
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	902	9. AGE (In years last birthdoy) 67 yrs.		R IF UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.			e or fareign ca		12. CITIZEN C	F WHAT COUNTRY
during mast af warking life, even if retired)  Retired Laborer  13. FATHER'S NAME	& O Railroa	MARYLAN  14. MOTHER'S MAIDEN			U	.S.A.
HENRY C. SHEPHERD			NA MC H			
15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) Yes W. W. 1	20-10-270 Mr	s James SI	hepher	d, Cres		,. Md.
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditians, if only, which gave rise to immediate	ne for (a), (b), ond (c).]  Safafichin L  MASSIVE M	eft vent	rido 1 h	fanta	IN ON	TERVAL BETWEEN ISET AND DEATH
couse (o), stating the <u>under-</u> lying cause last.	droudry	Selevoses			/	04
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	/EN IN PART 1(a)	PERFORMED?
	CRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in	Part I ar Part	II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. 1 Haur o. m. While of wor	Nat while fo	ACE OF INJURY (Hame, for actary, street, affice bldg., et		or town)	(County	r) (State
21. 1 certify that (I) (this haspital) attends saw the deceased alive an $\frac{1}{2}$		death accurred di:3	947, ta_	-		hat (I) (we) las e stated above
22c. PHYSICIAN'S NAME (Type) DR. WEISMAN	w long	ATTENDING	NED. DIRECTOR -	STAFF PHYS.	3 Jud	3 1 GO
23g. BURIAL, CREMATION, PRINCIPLE REMOVAL (Specify) Burial Apr. 2, 1960	23c. NAME OF CEMETERY C	Cemetery		C Rawli	,,	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George, C	address umberland, l		PR 4 '6	0	STRAR'S SIGNATI	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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1. PLACE OF DEATH  o. COUNTY  AL	LEGANY	MARYLAND	ll o. STATE	NCE (Where decease RYLAND	d lived. If institution b. COUNTY	ALLEGAN	
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	prote limits, write R	URAL ond give nea	rest town)
CUMBERLAN	ND C	8 DAYS	02 CU	IMBERLAND,		- ART CO	
	THOSP'ITAPital, give stree & WARWICK AVES		d. STREET AD	BROOKF IEL	D AVE.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HENRY	Middle E.	SIDAWAY	4. DATE OF DEATH	MARCH	th Do;	y Year 19 60
5. SEX	5 44 4 4 mpc (mm	RRIED X NEVER MARRIED	8-28-188	2),	9. AGE (In years last birthday)	Manths Days	IF UNDER 24 HR Hours Min.
MALE	WHITE WIDOW				() yrs.		
during most of war	ON (Give kind of work done 10b king life, even if retired)						WHAT COUNTRY
Retired	Letter Carri	er U.S.Gov.		ERLAND, MD	•	U.S.	A •
13. FATHER'S NAME ALFRED	E. SIDAWAY		14. MOTHER'S A	SULSER			
15. WAS DECEASED EVI		. SOCIAL SECURITY NO. 17.	INFORMANT		Adde	ress	
No.	(If yes, give wor or dates of service)	None	MEMORIAL H	IOSPITAL	CUMBERLA	ND, MD.	
	ATH [Enter only one couse 10		. 10	X			ERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	one miller	tendlise.	use the	while I	e ons	SET AND DEATH
421	DUE TO /	1 /213	6	170	1 12		/
Conditions, if		Carl 12	Log 150	relen	1 total	2	
gove rise to couse (o), stoting	immediate DUE TO	1					
lying couse lost.	(c)	myround	re				
PART II. OT  PART II. OT  PART III. OT  PART III. OT  PART III. OT  PART III. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	JT NOT RELATED TO 1	THE TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPS' PERFORMED? YES NO [
	AS UNDERLYING   206. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Port I or Po	rt II of item 18.)		
WEDICAL TIME OF INJUING HOUR a.m.			PLACE OF INJURY (He foctory, street, office I	ome, farm, 20f. (Cit	y or town)	(County)	(Stot
Hour a.m.	19 While	e Nat while ork at work	Tocidiy, sireer, dirice i	oldg., etc.)	7/		
21. I certify the	at (I) (this haspital) atten			19 , .ta_	3/20/6		iat (I) (we) la
saw the decea	sed alive an 2 120	/6219 and that	death accurred	2:05 M, fram	the causes an	d an the date	
22a. SIGN TURE	Mille	in a	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		226. DATE/ SIGNE
22c. PHYSICIAN'S NAME (Type)	DR. R.J.WILLIA	ve.	22d. ADDRES			414	1/6
		CIP					
23a. BURIAL, CREMATIC		Rose Hill			TION (City, town, onberland		(State)
Burial 24. FUNERAL DIRECTOR	C'S SIGNATURE	ADDRESS				STRAR'S SIGNATUR	
James F.		umberland. Mo	i.	DATE MAR 2 4	60 25. 10	ribur S. That	ME.
		,		DATE			

DATE

page 3 should be detached

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ATTENDING PHYSICIAN: The law requires

HOSPITAL OR

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### MARYLAND STATE DEPARTMENT OF HEALTH

02776

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Allegany Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Midland Midland d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Dans Rock Road YES NO Dans Rock Road NAME OF First Middle 4. DATE Last Month Year DECEASED 3/31/1960 RUTH SIGLER DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED A NEVER MARRIED lost birthdoy) Months Days Hours ′30/1895 White DIVORCED [ Female WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. Housewife Frostburg 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Lewis Annie Yates 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Midland. Joseph Sigler MD. No None Husband) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b gave rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Haur a. m. Not while of work of work 1256 to March 31, 196 Othat (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram-78 1960, and that death accurred at saw the deceased alive an Marc M, from the causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. .60 M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ONACONING 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify)

Frostburg.

2So. REC'D BY REGISTRAR

DATE PR 4

'60

25b. REGISTRAR'S SIGNATURE

arthur S. Krous

1960

Memorial

LONACONING, MD.

ADDRESS

Park

0 VR A15 (4) 1SM 9/S9

Burial

24. FUNERAL DIRECTOR'S SIGNATURE

GEORGE EICHHORN

HAROTO NICHARD TO THE STATE Allegary Comments H.O. S.ARE, MOS. THE REPORT OF THE PROPERTY OF  層

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

7	103				Re	g. Dist. No	٥.	
1. PLACE OF DEATH . A ]	llegany	MARYLAND	2. USUAL RESIDENCE (V			Residence be Hamps	1 .	V
b. CITY OR TOWN [If own] Cumber 1 a	nide corporate limits, write RURAI N d ,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		imits, write RURA	L and give r	regrest town) 85X-	3
	or institution (if not it lemorial Ho	in hospital, give street address) OS p •	d. street Address Green S	pring Va	lley		ON A FAI	RM2
3. NAME OF -DECEASED (Type or print)	John	Middle Edward	. Smith	4. DATE OF DEATH	March	Day 18		0
5. SEX Male	White	ARRIED NEVER MARRIED 6.		1896 9. AG	E IIn years IF UN pirthday) Moni	ths Days	Hours Min.	
during most of working l Carpenter	ife, even if retired)	B. & O. RWY.	Hampshir				S. A.	NTRY?
13. FATHER'S NAME John	W. Smith		14. MOTHER'S MAIDEN N	J. Mark	er		730	
15. WAS DECEASED EYER (Yes. no. or unknown) Yes. V	IN U. S. ARMED FORCES? yes, give wor or dates of service) W. # 1	16. SOCIAL SECURITY NO. 17. IN	Donald E	. Smith	Address Cu 745 Fa	mberl yette	land.	Md.
PART I. DEATH  H 20.  Conditions, if any, gave rise to immedial (a), stating the uncouse last.	derlying DUE TO	Coronary occ		th throm	d	°S'	erval between bet and pearl udden	DECV
PART II. OTHER  20g. EXTERNAL CAUSE PRIMARY G or CONTS CAUSE OF DEATH.		CRIBE HOW INJURY OCCURRED. (E					PERFORMED YES NO	D?
20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED 20e. PLAC While Nat while of work of work	E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (City or taw	n)	(County)	(Sto	tale)
		he remains described aboves X, Accident , Suice					, ond find	thot
ACTUAL SIGNATURE SIGNATURE SAMINER'S BO	enedict Sk	ketarelic M.D.	_M.D. CHIEF MEDICAL EX	AL EXAMINER			3/19/6	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial		22c. NAME OF CEMETERY OR Fort Ashby		22d. LOCATION (C) Fort As	1000		(State)	
23. FUNERAL DIRECTOR'S SH. Wayne		ADDRESS umberland. Md.	24a. REC'	D BY REGISTRAR	24b. REGISTRAR		IRE	

VS. A15ME(5) 5M 9/55 . . . TOTAL COLUMN VENDETINE CARDINALES The second secon A A STANSON OF THE PROPERTY OF when I The magniful of allocation and an about the ball of the countries of the last the feature of The strategy and the particular of the strategy of the strateg The Managerell was a second of the supplier of the state 

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2766	CERTIFICATE	OF DEAT	H

Reg. Dist. 10.2778

1	. PLACE OF DEATH	FGANY	M	MARYLAND	2. USUAL R	ESIDENCE (WE		lived. If institution b. COUNTY			ssian)
-	b. CITY OR TOWN (If RURAL ond give nec	outside carporate lim	ts, write	c. LENGTH OF STAY IN 1b	c. CITY	the same about the contract of the last	-	ote limits, write R	URAL ond give n	4.7-4	/n)
	CIM	RERTAND		3DAYS	02	CIMBERI	T.A.ND				
	d. NAME OF HOSPITA	AL (If nat in haspital, s	ive street	address)	d. STREE	T ADDRESS					SIDENCE A FARM?
4		CRED HEART			/	18 HARR	RISON S	ST			NO E
3	NAME OF	Fi	st	Middle		Last	4. DATE	Mon	th [	Оду	Year
	(Type or print)	ALBERT		J.	STE	PPE	OF DEATH	3	9		1960
S	. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF B	IRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA	-	ER 24 HRS.
	MALE	WH TTE	WIDOWI	ED DIVORCED	9-1	-1893	Se 74	66 yrs.	Months Days	Hours	Min.
11	Oa. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR INDI			or fareign ca		12. CITIZEN C	F WHAT	COUNTRY?
/		eper Hel		Railroad		MARVI	AND Cun	nberland	d 1	SA	
13	3. FATHER'S NAME				14. MOTH	R'S MAIDEN N	40.0-40		1	UH	
	TT A TONE	ANT M. CHITTI	DE /T	1)	7	DA D	מדכו כדמי וחיב	(D)			
13	S. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	INFORMANT	UA B.	STEPPE	Addr	ess		
1	Yes, no, or unknown) (I	f yes, give war or dates of s	ervice)		T>m + 0	OII A DM					
=		TH [Enter only one or	use per li	ne for (o), (b), and (c).]	PTIS	CHART			LIN	TERVAL B	ETW/EENI
٠		H WAS CAUSED BY:	1	1 1 1	1				01	SET AN	DEATH
	11 /	IMMEDIATE CAUSE (c		vonia,	UN	ein	nea		3	al	727
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	Canditians, if an gove rise to im		1/2	me	10	len	viu	Loss			
	couse (a), stoting t								1 1 1 1 1		
	lying cause last.	) (c	)								
CATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS	ORMED?
1	5									YES [	NO D
CEDTICI	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter notu	e of injury in I	Part I or Part	II of item 1B.)			
								calland.			
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		L.	LACE OF INJUI			or town)	(County	)	(Stote)
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	21. I certify the	at I attended_the	deceas	ed fram	7 191	U to On		9 196 (	hat I last so	w the	decensed
	alive an	9	10	60 , and that agat	h occurred	1	DA GO	he causes an			
	2		1	A Maria Paris	ii occorred			eet, city as town,			TE SIGNED
	ACTUAL /		10	181	,	1, 8-	4.	11	1011	131	11/2
	SIGNATURE	ne 1	y	- au	M.D	-3/1	and	round	mayor	47	16
	PHYSICIAN'S NAME (Type)	B. M. SCHI	NDT.FIF	R. M.D.		43 GREI	ENE ST				
2	20. BURIAL, CREMATION			22c. NAME OF CEMETERY	OR CREMATOR			ION (City, town, o	or county)	(Sto	te)
1	Burial	3-12-60		Sts Peter&				nberlan	-		,
23							D BY REGISTI		TRAR'S SIGNAT		
	James F.	Scarpell	1 Cu	mberland, Md	•			THE RESERVED			
L						DAIE	R 1 4 '60	) Liv	Chur S. Tha	or de	

(D) 是 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02779 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH g. COUNTY b. COUNTY Health, MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town? \*haftxx Frostburg Baltimore, 20 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Miner's Hospital 25 Jenton Lane 3. NAME OF Middle 4. DATE Month Day Year OF DEATH (Type or print) 1960 Edward Swauger 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IFUNDER TYPAR IF UNDER 24 HRS. last birthday) Months WIDOWED T DIVORCED [ 60m 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 000 Md. School Boys Kixxxxx Engineer Mt. Savage 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Swauger Jennie Mann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Albert Swauger, Bro, Mt. Savage, Md. No. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, If ony, which gove rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPST PERFORMED? NOF 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury, in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or lown) Month, Doy, Year (County) (State) aloctory, street, office bldg., etc.) While at work at wark 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 . Inspection 📝 Inquiry 🔀 00 forwarded DIRECTOR: Accident X opinion death resulted fram: Natural causes Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Mar 3 1460 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Function Hyndman Cemetery 3-4-1960 Hyndman 23. FUNERAL DIRECTOR'S SIGNATURE 12 1 0 1 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Frostburg. Md. Circhan S. Kraus 5M 2/57

STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

	27	67	CERTIFI	CATE OF	DEATH	1		Reg. Dist. N	o.	()
1. PLACE OF DEATH O. COUNTY GAN	7		MARYLA	2. USUAL R	ESIDENCE (Who	ere deceased	lived. If institution b. COUNTY	ALLEGAL		
b. CITY OR TOWN ( RURAL and give n CUMBERLA		, write c. LE	NGTH OF STAY IN 4 DAYS	100	OR TOWN (IF a		ite limits, write RL	JRAL and give n	earest tawn)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv EART HOSPITA		s)	/	MARYLA	ND AVE			e. IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	First MINNIE	1	Middle	TRIMB	Last LE	4. DATE OF DEATH	MARC H	22	Pay Year	6
5. SEX FEMALE	1777 077 0	7. MARRIED T	NEVER MARRIED			1907	AGE (In years last birthday) 52 yrs.	Manths Days	1	Min.
10a. USUAL OCCUPATION during most of wor House Maid	ON (Give kind af wark do king life, even if retired)	ne 10b. KIND	OF BUSINESS OR I		ARY LAND	_		12. CITIZEN C	F WHAT COU	NTRY
13. FATHER'S NAME CHARLES	TRIMBLE (DE	CEASED)	5.4.4		R'S MAIDEN N		(DECEAS	ED)		
1S. WAS DECEASED EVI (Yes, no, or unknown)	R IN U. S. ARMED FORC  If yes, give war or dates of ser	(enix	L SECURITY NO. 44-18021	INFORMANT	rt Hol	mes,	Addr		ryland	
Canditians, if a gave rise to a cause (a), stoting lying cause last.	the under-	met	stati	il of		hea	t	0	TERVAL BETW VSET AND DE	
CATIC	HER SIGNIFICANT COND	ITIONS CONTR	IBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	PERFORMI YES N	ED?
OR CONTRIBUTING	MEDICAL EXAMINER)	20d. INJURY	OCCURRED 20	JRRED. (Enter natur e. PLACE OF INJUR factory, street, at	Y (Home, farm,	, 20f. (City o		(Caunt)	′)	(State
21. I certify the alive an	AINE M. SCH	Jeh INDLER,	amfoff, and that de	15 , 185 eath accurred lumb. 43	Srue GREENE	ST.,	ne causes and the causes are caused as the cause and the cause are caused as the cause are caused as the cause are caused as the caused as	ND, MD.		bave
REMOVAL (Specify Burial  23. FUNERAL DIRECTOR	3/25/60	W	oodlawm i	Y. W	Park		rland,	Marylan	d	
	afer, Cumbe			d		AR 2 8 16	^	Thun S. Kr		

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James E. McLean, M.D.

22c. NAME OF CEMETE

**ADDRESS** 

22b. DATE THEREOF

02781

CA	ATE OF DE	ATH			Reg. Dist	. No.	U ~	
4D		CE (When		d lived. If institution b. COUNTY	Alle			ion)
1b		wh (If our		rote limits, write RI	JRAL ond gi	ve near	est town	)
			Land					
	d. STREET ADDI		eene	Street		e	ON A	FARM?
	Willi		OF DEATH	Mont Marc		Doy 26		fear 960
	B. DATE OF BIRTH	187	7	9. AGE (In years lost birthdoy) 83 yrs.	Months [	YEAR 1		-
NDUS	TRY 11. BIRTHPLACE	(Stote ar	foreign c	ountry)	12. CITIZ	EN OF	WHAT	COUNTRY
	Wes	t Vii	rgini	a	T	.S.	A.	
	14. MOTHER'S MA							
			Mi	mi Walker	r			
7. II	lyvan	Pc	Trea	9, Cu	ess .	1	18	2
5	nyocard	ial	Le	juura	tion	INTER	T AND	TWEEN DEATH
14	e arti	rio	Da	lerosi	,		>	
1	tal a	2/1	lecca				?	
BUT	NOT RELATED TO TH	ETERMINA	AL DISEAS	E CONDITION GIVE	EN IN PART		PERFO YES	AUTOPSY RMED?
RREC	). (Enter noture of in	ury in Po	rt I or Par	t II of item 18.)			23/7	
foc	ACE OF INJURY (Hometory, street, affice bloom	e, form, lg., etc.)	20f. (City	or lown)	(Co	ounty)		(State)
2	0 1959	0/2	Cr . 5	6 K1960	2,that 1 lo	ist say	v the	deceased
ath	accurred at 5	-36p		n the causes a treet, city or town, s	nd an the	date	state	d above TE SIGNED
	49 (	Greer	ne St	., Cumbe	rland	, M	1.	
YOF	REMATORY	2	2d LOCAT	TION (City, Jown, 9	r county)	3	(State	4

24b. REGISTRAR'S SIGNATURE

arthur & Hears

24o. REC'D BY REGISTRAR

0 VS A15 (4) 1SM 10/S7

3 shou

HOSPITAL



PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify

23. FUNERAL DIRECTOR'S SIGNATURE

HYARI TO ST	ADBITED	100	
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		AN NOTE OF	
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23 carbon carbon a province of			

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

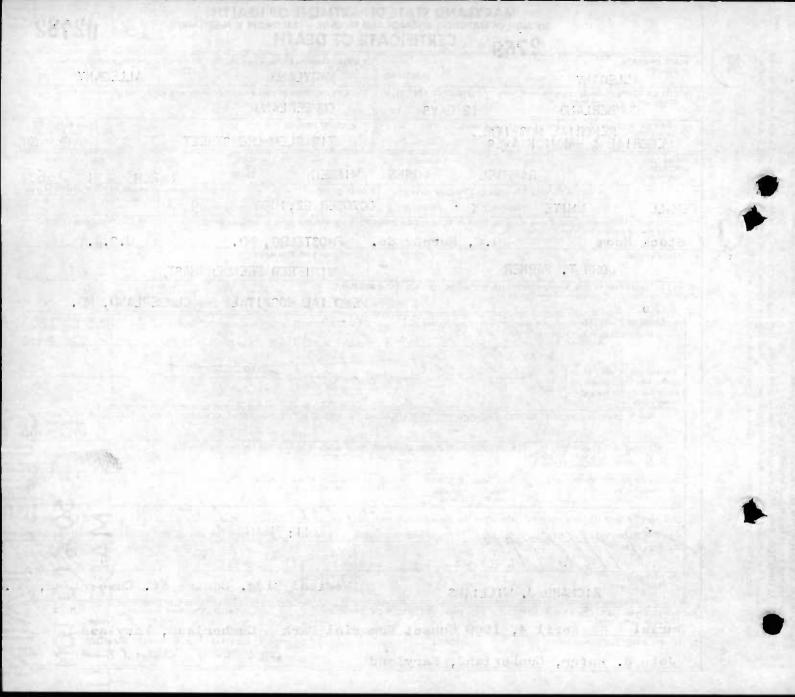
02782

2760 CERTITION	AL OI DEATH
PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STAJE MARYLAND b. COUNTY ALLEGANY
ALLEGANY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town CUMBER LAND 12 DAYS	O2 CUMBER LAND
d. NAME OF HOSPITH MOR IN Pospital Cours (address) OR INSTITUTION EMOR IN A POSPITAL CONTROL (Address)	/d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
MEMORIAL & WARWICK AVES	713 GLENMORE STREET YES NO K
NAME OF First Middle DECEASED DA DUAGE A CONTEST	Last 4. DATE Month Day Year
(Type or print) RAPHAEL AGNES	WINNER DEATH MARCH 31 19 60
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	R DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
EMALE WHITE WIDOWED TO DIVORCED	OCTOBER 22, 1890   last airthdoy)   Months Days Haurs Min.
a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	
Stock Room G.C. Murphy Co	FROSTBURG, MD. U.S.A.
JOHN T. PARKER	
	WINIFRED PRENDERGHAST
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es. no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address
No	MEMORIAL HOSPITAL CUMBERLAND, MD.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	free areas
422.1 DUE TO	
Conditions, if ony, which gave rise to immediate	Jeller -
cause (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Part I or Port II af item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Hame, farm,   20f. (City or town) (County) (State
Hour a. m. While Not while	factory, street, office bldg., etc.)
p. m. 19 of work at work	3/1/1
21. I certify that (I) (this haspital) attended the deceased fram	1. 2/f. / 20. 19, ta /////////// 19, that (I) (we) la
sow the deceased ative an 2/2/1/19 and that	death occurred di: 55 M Mam the causes and an the date stated above
7220. SIGNATURE	ATTENDING MED STAFE ( ) SIGNE
M/MMinny	M.D. PHYS. DIRECTOR PHYS.
22c. Priysiglan's	22d. ADDRESS
NAME Type) RICHARD J. WILLIAMS	Medical Bldg. Centre St. Cumberland,
	OR CONTACTORY 1004 TOOL TOOL TOOL TOOL TOOL TOOL TOOL TOO
3g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial April 4, 1960 Sunset Me	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Marylan	ad DATE APR 4 '60 arthur S. Known

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4

TO REAL DIRECTOR: After this certificate has been signed by the attending physician and completely defined in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: Page 1 and 2 should be filed with the State Board of Health for burial, cremation, ar remayal, and in any event, within 72 hour fier death.

VR A1S (4) 1SM 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany b. COUNTY Allegany files. Health, o. STATE Maryland MARYLAND CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) Midland Midland of d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH HI HANORA WINTER 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Female 86 day) Months Days Hours Min. WIDOWED DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 0 Housework Oldtown, MD. U.S.A. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Coons Mary Lalev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Miss Francis Winter. Midland. MD. None Daughter 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPS PERFORMED YES I NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour Not while 3 at work of wark p. m 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X and in my uld be forworded VERAL DIRECTOR: apinian death resulted fram: Natural causes X Accident 1 Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22d. LOCATION (City, town, or county) (Stole) Frostburg. 3/12/1960 Memorial Park ADDRESS 23. FIDNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o. REC'D 8Y REGISTRAR VS. AISME Lonaconing. Circling S. Traces 5M 2/57

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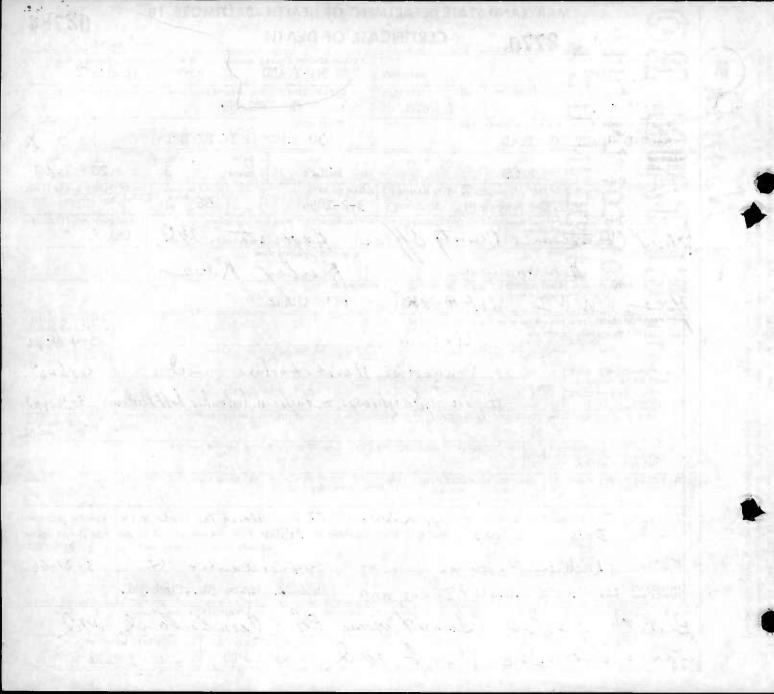
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 2770

			U	
_	Dies	No		

				Keg. Di	131. 140.
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATEMARYTA)	There deceased lived. If b. (		nce befare admission) LEGANY
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16 7 DAYS		autside carporate limits BERLAND	, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SACRED HEART HOSPITAL)	oddress)	d. STREET ADDRESS	ECHANIC ST	EET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ROSS	Middle	WOLFE	4. DATE OF DEATH	Month 3	20 1960
S. SEX 6. COLOR OR RACE 7. MARK MALE WHITE WIDOW		8. DATE OF BIRTH 3-2-1894	9. AGE (	In years rthday) Manths yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
The country but to	sunty Office	e Higer	stown)		IZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknow	~ //	14. MOTHER'S MAIDEN	y Rose		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, now or unknown)  (If yes, give was on delta of service)	17-10-1885	PT'S CHAR	T	Address	
PART I. DEATH (Enter only one cause per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gove rise to immediate cause (a), stating the under:  DUE TO  DUE TO	Uremia	Heart 7a	ilure an	J. C. U. A.	interval between onset and peath 3-4 days
Jying cause last.   (c)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE CONDIT	TION GIVEN IN PAR	R 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Part II of item	n 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 While of wor	Nat while fa	LACE OF INJURY (Home, for actory, street, affice bldg., et		(	(County) (State)
ACTUAL SIGNATURE Welliam P.	ea, and that death	m.D	ADDRESS (Street, city  County	uses and an the ar tawn, state)	e date stated above. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF 3/23/60	22c. NAME OF CEMETERY C	1,0,	Centre St.	***************************************	)n(\$10)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Cumb )		P 2 3 '60	4b. REGISTRAR'S SI	4.





Cumberland, Md.

MAR 1 5 '60

Orthur & Klaus

Byron Kight m

VS A15 (4)

15M 9/5B

G65 31 Alterial desired THE PARTY OF A SAME AND A SAME AN Market Street, TARE CONTRACTOR OF THE PROPERTY OF THE PROPERT The state of the s

VR A15 (4) 1SM 9/S9

CEPTIFICATE OF DEATH

	2772	CERTIFICA	TE OF DEATH		UK	3100
1. PLACE OF DEATH a. COUNTY ALLEGA	NY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARYLA!	ere deceased lived. If instituti b. COUNTY		missian)
b. CITY OR TOWN (If outside of RURAL and airs nearest town CUMBERLAND	arporote limits, write a)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	nutside carporote limits, write R RLAND	RURAL and give nearest	tawn)
d. NAME OF HOSPITAL (If not OR INSTITUTION MEMORIAL HO		oddress)	d. STREET ADDRESS	ALTIMORE AVENU	0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	First PERCY	McMullen ZE	MBOWER Lost	4. DATE Mor OF DEATH MA	ARCH B	Year 19 60
MALE WHI	TE WIDOW		B. DATE OF BIRTH  July 2, 18		Manths Doys Ho	
10a. USUAL OCCUPATION (Give k during mast af warking life, e BARBER	van if rational)	kind of Business or Indu Barbering	BEDFORD	VALLEY, PA.	12. CITIZEN OF WHA	
13. FATHER'S NAME EmanuelZEMBOWE	-		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S.  (Yes, no, or unknown)  Yes,  W. W	wor or dates of service)		MEMORIAL HOSP	ARWICK & MEMORITAL - CUMBERL	HAL AVENUE AND, MARYLA	ND
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	DUE TO (c) Hy FICANT CONDITIONS  YING   20b. DESE E OF DEATH EXAMINER)	portensie on contributing to Death BUT  CRIBE HOW INJURY OCCURRE	ulosis		PE	ise / y AS AUTOPS REFORMED?
20c. TIME OF INJURY Month, Haur o. m. p. m.	19 White of wor	k ot work	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.	20f. (City ar town)	(County)	(Stote
21. I certify that (I) (this saw the deceased alive 220. SIGNATURE	13 12 10	ded the deceased fram	death accurred at	M, fram the causes ar	nd an the date sta	ted abave
22c. PHYSICIAN'S NAME (Type)	ulvan	elmer	22d. ADDRESS 122	SOUTH CENTRE	3\ ST.,	22b. DATE SIGNE
23a. BURIAL, CREMATION, 23b. I	DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, Centrevil	ND or county) (	(State)
24. FUNERAL DIRECTOR'S SIGNATION H. Wayne Ge	orge Cuml	berland, Mar	2So. REC'I	D BY REGISTRAR 2Sb. REGI	ISTRAR'S SIGNATURE	

Olf Wilet TAMES CALLEDO 30,204 36010 28 000 DATINOCH JAILENSAN PERCY OF SHAPES AND SECONDS AND EAST OF THE PROPERTY OF TH

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2773 CERTIFICA

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

)	1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUN	ITY A 3 3	ore admission)
	RURAL and give ne	f outside corporate limits, write arest tawn) rland	c. LENGTH OF STAY IN 16 11/19/58	c. CITY OR TOWN (IF	putside corporate limits, writer		earest town)
1	d. NAME OF HOSPIT. OR INSTITUTION Alleg	AL (If not in hospital, give stree any County I	nfirmary	d. STREET ADDRESS	Franklin St	reet	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First George	Middle <b>H</b> •	Zink	4. DATE OF DEATH Marc		year 1960
	5. SEX Male	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH 4/21/1878	9. AGE (In yet last birthda	Months Days	R IF UNDER 24 HRS. Hours Min.
)	during mast of work	ing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State  Maryla  14. MOTHER'S MAIDEN	nd		S. A.
		John H. Zink			ne Zimmerma	an	
		R IN U. S. ARMED FORCES? If yes, give war or dates of service)		nformant P.O.B llegany Cou			rland, Md.
	Conditions, if an gave rise to in cause (a), stain lying cause last.  PART II. OTH  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR! Hour a.m. p. m. 21. I certify the alive an 3/1	DUE TO  (c)  JER SIGNIFICANT CONDITIONS  SUNDERLYING 20b. DE  CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Year 20d. Whith 19 at w. 20d.  at I attended the deceded 29/60 , 19	Chande (c). [Selection of the contribution of	Thy of the Term of Injury in the Corp. In the Term of Injury in the Corp. In account of the Corp.	Part I or Part II of item 18.)  20f. (City or town)  230/60 19  AMfrom the causes  ADDRESS (Street, city or town)  1 Street	GIVEN IN PART 1(a)  (County , that I last so and an the dat wn, state)	ISET AND DEATH  SET AND DEATH  PROPERTY OF THE SET AND DEATH  19. WAS AUTOPSY PERFORMED?  YES NO (State)  which deceased
	Physic(an's NAME (Type)  220- BURIAL (REMATIO REMOVAL (Specify) Burial  23. FUNERAL DIRECTOR'  Byron	N, 22b. DATE THEREOF  MDril 1,196 S SIGNATURE	22c. NAME OF CEMETERY CO. St. Lukes ADDRESS ADDRESS ADDRESS	Cemetery 240. REC		vn, or caunty)	
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3/30/63	(S Greens Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total San Maria
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